

Exhibit F

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

~~~~~

IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
OPIATE LITIGATION

Case No.  
17-md-2804

Judge Dan Aaron  
Polster

This Document Relates To:  
  
Track Seven.

~~~~~

Remote videotaped deposition of
JACK E. FINCHAM, Ph.D.

May 24, 2023
10:00 a.m.

Renee L. Pellegrino, RPR, CLR
(Appearing Remotely)

REMOTE APPEARANCES:

On behalf of Montgomery County:

Motley Rice LLC

MICHAEL E. ELSNER, ESQ.

EBONY WILLIAMS BOBBITT, ESQ.

LISA SALTZBURG, ESQ.

28 Bridgeside Boulevard

Mount Pleasant, South Carolina 29464

(843) 216-9250

melsner@motleyrice.com

ebobbitt@motleyrice.com

lsaltzburg@motleyrice.com

On behalf of Kroger:

Bowles Rice LLP

GABRIELE WOHL, ESQ.

JORDAN DYE, ESQ.

600 Quarrier Street

Charleston, West Virginia 25301

(304) 347-1137

gwohl@bowlesrice.com

jdye@bowlesrice.com

- and -

Vory Sater Seymour & Pease

JESSICA K. BAVERMAN, ESQ.

301 East 4th Street

Suite 3500

Great American Tower

Cincinnati, Ohio 45202

jkbaverman@vorys.com

(513) 723-4092

ALSO PRESENT:

Kurt Henschel, Videographer

Samantha Misischia, Motley Rice

Amanda Unterreiner, Motley Rice

~ ~ ~ ~ ~

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

TRANSCRIPT INDEX

APPEARANCES2

INDEX OF EXHIBITS4

INDEX OF OBJECTIONS5

EXAMINATION OF JACK E. FINCHAM, Ph.D.:

BY MS. WOHL9

BY MR. ELSNER173

AFTERNOON SESSION106

REPORTER'S CERTIFICATE191

EXHIBIT CUSTODY - RETAINED BY COURT REPORTER

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

INDEX OF EXHIBITS

Number	Description	Marked
Exhibit 1	Expert Report of Jack E. Fincham, Ph.D., R.Ph.	24
Exhibit 2	Article Entitled "Response Rates and Responsiveness for Surveys, Standards, and the Journal"	57

1	INDEX OF OBJECTIONS	
2		
3	Objection	13
	Objection	20
4	Objection	22
	Objection	25
5	Objection	25
	Objection	26
6	Objection	31
	Objection	32
7	Objection	35
	Objection	36
8	Objection	37
	Objection	37
9	Objection	38
	Objection	39
10	Objection	40
	Objection	42
11	Objection	43
	Objection	46
12	Objection	47
	Objection	48
13	Objection	49
	Objection	50
14	Objection	51
	Objection	52
15	Objection	52
	Objection	54
16	Objection	55
	Objection	56
17	Objection	63
	Objection	63
18	Objection	66
	Objection	68
19	Objection	68
	Objection	69
20	Objection	70
	Objection	71
21	Objection	72
	Objection	73
22	Objection	75
	Objection	76
23	Objection	76
	Objection	81
24	Objection	83
	Objection	86
25	Objection	87

1	INDEX OF OBJECTIONS, CONT'D	
2		
3	Objection	89
	Objection	89
4	Objection	90
	Objection	91
5	Objection	93
	Objection	94
6	Objection	96
	Objection	96
7	Objection	97
	Objection	99
8	Objection	99
	Objection	101
9	Objection	102
	Objection	103
10	Objection	104
	Objection	106
11	Objection	108
	Objection	109
12	Objection	109
	Objection	110
13	Objection	113
	Objection	114
14	Objection	115
	Objection	116
15	Objection	119
	Objection	120
16	Objection	122
	Objection	122
17	Objection	123
	Objection	124
18	Objection	124
	Objection	124
19	Objection	125
	Objection	131
20	Objection	132
	Objection	132
21	Objection	133
	Objection	136
22	Objection	141
	Objection	142
23	Objection	142
	Objection	144
24	Objection	148
	Objection	149
25	Objection	150

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

INDEX OF OBJECTIONS, CONT'D

Objection152

Objection155

Objection155

Objection156

Objection157

Objection158

Objection159

Objection160

Objection163

Objection166

Objection167

Objection167

1 THE VIDEOGRAPHER: We're on the
2 record at 10 a.m. Today's date is May 24,
3 2023. This is in the matter of National
4 Prescription Opiate Litigation. The witness
5 today is located in Mount Pleasant, South
6 Carolina.

7 Please note that this deposition
8 is being conducted virtually by Veritext. The
9 quality of recording depends on the quality of
10 camera and microphone and internet connection
11 of participants. What is heard from the
12 witness and viewed on the screen is what will
13 be recorded.

14 Would counsel please state
15 appearances for the record and whom you
16 represent, beginning with the noticing
17 attorney?

18 MS. WOHL: This is Gabriele Wohl
19 from Bowles Rice representing Kroger.

20 MR. ELSNER: And this is Michael
21 Elsner from the law firm of Motley Rice on
22 behalf of Montgomery County.

23 MS. BAVERMAN: Jessica Baverman
24 from the law firm of Vorys on behalf of
25 Kroger.

1 MR. DYE: This is Jordan Dye from
2 the law firm Bowles Rice for Kroger.

3 MS. BOBBITT: Ebony Bobbitt with
4 Motley Rice for the Plaintiff.

5 MS. SALTZBURG: And this is Lisa
6 Saltzburg with Motley Rice for the Plaintiff.

7 MR. ELSNER: I believe my
8 paralegal -- one of my paralegals is also on
9 from Motley Rice.

10 THE REPORTER: Can you give me the
11 name?

12 MR. ELSNER: Sam Misischia and
13 Amanda Unterreiner.

14 JACK E. FINCHAM, Ph.D., of lawful age,
15 called for examination, being by me first duly
16 sworn, as hereinafter certified, deposed and
17 said as follows:

18 EXAMINATION OF JACK E. FINCHAM, Ph.D.

19 BY MS. WOHL:

20 Q. Dr. Fincham, hello.

21 A. Good morning.

22 Q. How are you this morning?

23 A. Very fine. Hope you are, too.

24 Q. Great. Thank you.

25 And we are proceeding remotely.

1 Is there anyone in the room with you?

2 A. Mr. Elsner is in the room and
3 that's it.

4 Q. And I think you've been deposed
5 before; is that correct?

6 A. That's correct. Yes.

7 Q. So you know kind of the ground
8 rules here, but if for any reason you don't
9 fully hear or understand a question that I ask
10 you, let me know so I can repeat it, okay?

11 A. Very good. Thank you.

12 Q. And if you answer a question, then
13 I'll assume that you both heard and
14 understand; is that fair?

15 A. Yes.

16 Q. I try to take breaks about once an
17 hour. If you need a break, just let me know
18 if I'm not getting to one, okay?

19 A. Very good. Thank you.

20 Q. Dr. Fincham, is this the only
21 opioid case you've worked on?

22 A. Yes, it is.

23 Q. And when did Plaintiff's counsel
24 first reach out to you about writing a report?

25 A. It was January of this year, 2023.

1 Q. And I was recently sent an invoice
2 of yours that logged your time through
3 February. Have you been paid on that March
4 invoice?

5 A. Yes, I have.

6 Q. And have you spent any more hours
7 on this case since then?

8 A. The total number of hours that
9 I've spent to date is 106, and that includes
10 what was in that initial billing spreadsheet.

11 Q. And did you spend time preparing
12 for this deposition?

13 A. Yes, I did.

14 Q. How long?

15 A. Probably 15 hours approximately.

16 Q. Who did you meet with in preparing
17 for this deposition?

18 A. I met with Mr. Elsner and two
19 paralegals, Amanda and Sam.

20 Q. Did you review anything in your
21 preparation?

22 A. Yes, I did.

23 Q. What did you review?

24 A. I reviewed my report, which I had
25 completed. I reviewed both of the Ohio Board

1 of Pharmacy surveys from 2020 and 2021. I
2 reviewed Ms. Selzer's, Dr. Selzer's report as
3 well as her deposition, and other materials
4 that are listed in my report as far as the
5 references that I utilized.

6 Q. Dr. Fincham, do you plan to
7 testify at trial in this case?

8 A. Yes.

9 Q. Can you tell me what exactly you
10 were asked to do here by Plaintiffs?

11 A. I was asked to review the report
12 that Dr. Selzer has submitted analyzing the
13 2021 Ohio Board of Pharmacy survey of
14 pharmacists.

15 Q. And just review it? Were you
16 asked to rebut it?

17 A. I was asked to review it and, as a
18 result of that review, I wrote my report.

19 Q. Do you understand your report to
20 be a rebuttal of Dr. Selzer's opinions?

21 A. I'm not sure I understand what a
22 rebuttal is per se.

23 Q. Okay. In what you've submitted, I
24 see a list of two cases that you've testified
25 in or been deposed in, and you mentioned that

1 you've served as an expert witness and have
2 been deposed in numerous cases over the last
3 20 years?

4 A. Yes. That's correct.

5 Q. Let me ask, as an expert witness
6 were you ever asked to analyze the validity or
7 intent of a survey or questionnaire?

8 A. Not to this point in time, no.

9 Q. And were you ever asked to
10 critique another expert's or anyone's analysis
11 of a survey or questionnaire as an expert
12 witness?

13 A. Not from a legal point of view,
14 no.

15 Q. And what do you mean by that, "not
16 from a legal point of view"?

17 A. Because I've reviewed surveys and
18 survey research for the past 40 years
19 thousands of times.

20 Q. But not as an expert witness?

21 MR. ELSNER: Objection.

22 A. As an expert reviewer and as a
23 professional reviewer with credentials to
24 examine survey research and survey
25 methodology.

1 Q. Okay. Just help me understand
2 your answer. So I asked you if you were ever
3 asked to critique another expert's or anyone's
4 analysis of a survey or questionnaire. You
5 said, I think, not from a legal standpoint.
6 What other standpoint would you have been
7 asked to critique an analysis of a survey or
8 questionnaire?

9 A. As an academic professor reviewing
10 other individuals' work that were submitted
11 either for publication or as part of their
12 thesis or Master's degree submissions.

13 Q. You cited two cases, and I want to
14 ask you about the Pamela Tackett case, which I
15 think was a criminal case. Can you tell me
16 what your role in that case was?

17 A. This was a case that was brought
18 against Ms. Tackett, who was in a car wreck on
19 an interstate highway in South Carolina, the
20 upstate area of South Carolina, and the wreck
21 involved the death of two highway patrolmen
22 and I was asked to comment on Ms. Tackett's
23 use of prescription medications as well as her
24 daily use of THC through marijuana smoking.

25 Q. So what about the second case,

1 Vanzant versus Hill's Pet Nutrition; what was
2 your role in that case?

3 A. As an expert reviewing the FDA
4 processes that are involved when an item is
5 approved for use as a prescription or
6 over-the-counter item.

7 Q. And you were an expert witness in
8 both of these cases, right?

9 A. Yes, I was.

10 Q. What was your expertise that you
11 relied on for your opinions in those cases?

12 A. Okay. Pertaining to the case in
13 South Carolina that involved the marijuana,
14 for 30 years I've been involved with the Food
15 and Drug Administration evaluating adverse
16 drug reactions and adverse drug experiences.

17 When I was at the University of
18 Mississippi, we received a grant from the Food
19 and Drug Administration to develop an online
20 ADR reporting, adverse drug reaction reporting
21 system, and as a result of that, I've been
22 asked to serve on numerous FDA committees.
23 Currently I serve on two. One is the
24 Non-Prescription Drug Advisory Committee and
25 the other is the Psychotropic Medication

1 Advisory Committee. And based upon my
2 experience and work with adverse drug
3 reactions related to prescription medications
4 as well as, in this case, THC, I was retained
5 as an expert witness.

6 For the second case dealing with
7 Hill's Pet Food -- and there was a case in
8 Illinois, there was also a case in California.
9 And this was based upon my experience with the
10 Food and Drug Administration as a reviewer of
11 grants in the past that have been submitted by
12 academic researchers as well as my service on
13 the two committees that I just previously
14 mentioned. I was retained because of my -- my
15 knowledge and expertise pertaining to the Food
16 and Drug Administration processes,
17 regulations, those kinds of things.

18 Q. Now, did any of the expertise
19 required in either of those cases inform your
20 opinion in this case?

21 A. I think that I rely upon my
22 experience over the course of my career
23 pertaining to lots of issues related to
24 medications, medication use, medication
25 misuse, so, most assuredly, I reviewed, for

1 example, what the Drug Enforcement
2 Administration views as THC and the impacts of
3 marijuana as a Schedule I drug, and certainly
4 with the FDA looking at various types of
5 things pertaining to prescription medications,
6 over-the-counter medications, whether it's for
7 human use or animal use.

8 Q. Any other cases where you have
9 been retained as an expert witness?

10 A. There have been numerous cases
11 since the late 1990s.

12 Q. And what was your area of
13 expertise in forming your opinions in those
14 cases?

15 A. Again, it was related to adverse
16 drug reactions and the impacts of medications,
17 either positively or negative, upon health
18 outcomes.

19 Q. Can you explain your area of
20 expertise as it pertains to your work in this
21 case?

22 A. Okay. It pertains to several
23 things.

24 First of all, my professional
25 experience as a licensed pharmacist since

1 1975, and I'm continuously practicing my
2 profession each and every year. So it's based
3 upon my experience as a pharmacist both in an
4 independent community setting as well as a
5 chain community setting, institutional
6 practice, and long-term care practice. So
7 that's -- that's one component.

8 And, secondly, it relates to
9 adverse effects that pertain to the misuse of
10 medications, perhaps inappropriate
11 prescribing, inappropriate dispensing, those
12 kinds of things, the work environment of
13 pharmacists and pharmacies and how that
14 impacts patient safety.

15 So all those factors have been
16 part of my career since the 1980s.

17 Q. What chain pharmacy do you have
18 experience with?

19 A. At that point in time, it was a
20 Rite Aid pharmacy in greater Atlanta. Robert
21 Thompson was the district manager for that
22 area and I practiced as a relief pharmacist on
23 weekends while I was a faculty member at the
24 University of Georgia College of Pharmacy.

25 Q. What was the time period for that?

1 A. It would have been 1986 to 1989.

2 One thing that I neglected to
3 mention, based upon your question -- excuse me
4 for going back, but it relates to survey
5 research and questionnaire design and
6 development. And since the 1980s and my
7 graduate school education at the University of
8 Minnesota, I've been heavily involved in what
9 is termed field research. It's not bench
10 science, it's not lab research, but it's field
11 research, patients in the -- in the healthcare
12 setting environment.

13 So I've been involved with surveys
14 and surveying patients, surveying
15 practitioners since the 1980s. So it's almost
16 45 years at this point in time. I'm familiar,
17 through my training as well as expertise and
18 experience, in survey design and questionnaire
19 construction.

20 Q. Have you ever worked with any
21 survey research organizations?

22 A. No, I have not.

23 Q. Have you ever authored any books
24 about survey research methods?

25 A. Did you say books? I'm sorry.

1 Q. Yes, books.

2 A. Yes. Several books that I have
3 authored, "Pharmacy and the U.S. Health Care
4 System" -- that's in its fourth edition right
5 now -- when dealing with pharmacists and
6 patient care issues, I deal in that book with
7 survey research and survey methodology.

8 There's another book that was
9 published in 2007, "Patient Compliance Issues
10 and Opportunities," where I talk about how you
11 can assess patient compliance through survey
12 research and methodology.

13 Q. How many surveys have you been
14 asked to design?

15 MR. ELSNER: Objection.

16 You can answer if you know.

17 A. I have published 70 papers dealing
18 with survey research, survey methodology, and
19 the outcomes of the research that I have
20 conducted. Over and above those 70, I'm
21 involved -- I've been involved in probably 200
22 survey design and implementation processes.

23 Q. When you say there's 70 where you
24 were dealing with survey research, did you
25 design the surveys that were involved in those

1 research projects?

2 A. Yes. Each and every one of those
3 were designed by me with prior research and
4 examination of what the topic was, how it
5 should be addressed, and what the outcomes of
6 that research should be.

7 Q. Have you ever designed a survey
8 with real world benchmarks? And do you know
9 what I mean by that?

10 A. Could you please elaborate what
11 you mean by real world benchmarks?

12 Q. Where you were predicting behavior
13 and then you are actually able to see what
14 happened and compare what -- your predictions
15 from the survey with what actually happened.

16 A. Yes. I've done that numerous
17 times.

18 Q. Can you give me some examples?

19 A. I sure can.

20 Patient compliance with
21 medications, patient non-compliance with
22 medications, adverse drug reactions pertaining
23 to the use of medications, the use of tobacco
24 and tobacco cessation methods and methodology,
25 those types of things.

1 Q. And in those instances you're able
2 to take the real world outcomes and compare
3 them with the outcomes of the survey?

4 A. That's correct, yes. They were,
5 in fact, predictive-type studies for the most
6 part, but I also did field research studies
7 just assessing what general framework and
8 general components might be of the healthcare
9 system.

10 Q. And those surveys that you
11 designed that had the real world benchmarks,
12 did you find that the results of your survey
13 accurately predicted what actually happened?

14 MR. ELSNER: Objection.

15 You can answer.

16 A. That's -- that's going to be an
17 answer that I have to respond to with 70
18 papers. In some cases the predictions were
19 right on the money, some cases they weren't.
20 Regardless of what the outcome was, I
21 published the results. I wasn't trying to
22 seek answer A, B or C. I was trying to give
23 what an ethical outcome assessment was without
24 any type of bias involved.

25 Q. Have you ever personally created

1 or administered a survey for pharmacists or
2 pharmacy staff members?

3 A. Yes, I have, numerous times.

4 Q. And what are the nature of those
5 surveys?

6 A. They were asking about their
7 interactions with patients, asking about their
8 satisfaction with their work environment. So
9 I've done that with pharmacists. I've also
10 done it with physician assistants as well as
11 individuals that work within a managed care
12 environment.

13 MS. WOHL: And I should have asked
14 before we started, but did you all get the box
15 of exhibits that I sent? There were only
16 three.

17 MR. ELSNER: Yes.

18 Q. If you don't mind taking those out
19 at this point. One of those should be your
20 report, and I just want to make sure that this
21 is the report that you authored and I have the
22 right one.

23 MR. ELSNER: Are you talking about
24 tab 2 in the binder?

25 MS. WOHL: Yeah. I'm not super

1 familiar with the tabs, but --

2 THE WITNESS: I do have part of my
3 report in tab 2. It does not list my
4 curriculum vitae, which was Exhibit 1 of that
5 document.

6 MS. WOHL: Understood. I'm going
7 to make this Exhibit 1 to the deposition.

8 - - - - -

9 (Thereupon, Deposition Exhibit 1,
10 Expert Report of Jack E. Fincham,
11 Ph.D., R.Ph., was marked for
12 purposes of identification.)

13 - - - - -

14 Q. And if you could look at the
15 bottom of page 1, starting with the last
16 sentence and ending on page 2 of your report,
17 you state that in your pharmacy and public
18 health classes you taught research methods --
19 research design and methods courses that
20 involved research design, focusing on survey
21 research and questionnaire design. Is that a
22 fair summary?

23 A. Yes, it is.

24 Q. Do you remember any of the
25 materials you created for those courses that

1 addressed survey research and questionnaire
2 design?

3 MR. ELSNER: Objection.

4 You can answer.

5 A. I have thousands of pages of
6 reference materials that I utilized in
7 developing these courses. I constantly made
8 sure that the data that I was presenting was
9 up to date and current, so I used literature
10 sources, I used textbook sources, and I used
11 examples of poorly designed questionnaires and
12 surveys.

13 Q. Do you know roughly how many of
14 these college courses and, I guess, Master's
15 courses that you taught specifically covered
16 survey research and questionnaire design as
17 part of the course curriculum?

18 MR. ELSNER: Objection.

19 A. 15 courses in four major colleges
20 and universities in the United States.

21 Q. Are you currently teaching?

22 A. Yes, I am.

23 Q. And when was the last time you
24 taught a class that integrated survey research
25 and questionnaire design into the course

1 curriculum?

2 A. It would have been two years ago.

3 Q. And we talked about this a second
4 ago. On page 2 of your report you mention
5 that 70 of your 255 papers published in
6 medical journals have been the result of
7 questionnaire and survey research. How did
8 you calculate that total of 70 for this
9 statement?

10 A. Basically just counted the number
11 in that 200 -- it's not 260, but 255 published
12 papers that dealt with questionnaire research,
13 design and survey methodology. I just simply
14 went through and numbered them.

15 Q. Are each of these papers
16 integrating the results of questionnaires and
17 surveys?

18 A. Yes, they are.

19 Q. Of different -- are each of them
20 about a different survey?

21 MR. ELSNER: Objection.

22 You can answer.

23 A. I don't have total recall of the
24 entire components of each of these 70. Some
25 of these were papers that were an additional

1 paper based upon a previously published study
2 that I did that looked at a survey and survey
3 methodology. But I would say of the 70, 65 of
4 them I would estimate -- that's just an
5 estimate, please -- 65 would be independent
6 and mutually exclusive based upon the other
7 65.

8 Q. In any of these publications did
9 you analyze the intent of the person or
10 organization conducting the survey or
11 questionnaire?

12 A. I was the one that was doing the
13 conducting of the survey, so I thoroughly
14 analyzed what I was doing, why I was doing it,
15 and what the results were to be used for.

16 Q. In any of your other publications
17 have you analyzed the intent of the purpose --
18 of the person or organization conducting the
19 survey or questionnaire?

20 A. Yes, I have.

21 Q. Do you recall any specific
22 examples?

23 A. I'd have to go through those
24 250-some papers to tell you which ones. I
25 don't have it at the tip of my tongue.

1 Q. Are you currently a practicing
2 pharmacist?

3 A. Yes, I am. I'm licensed to
4 practice in the state of Colorado, and because
5 the federal government does not require a
6 specific license other than a state license,
7 I'm able to do things within a federal
8 capacity if and when I need to do so. I'm
9 currently a volunteer with the Medical
10 Research Corps of Southern Arizona, and in
11 that capacity they allow me to use my Colorado
12 pharmacy license to practice at certain
13 components within areas where I am.

14 Q. And when you're not in that
15 federal capacity -- I'm sorry. Can you
16 explain the federal capacity practicing to me?

17 A. All right. The federal government
18 does not require that you have a pharmacy
19 license within a federal government component
20 agency. So if you work within the VA system
21 or you work as a volunteer in some type of a
22 federal organization, you just have to have a
23 state pharmacy license. It doesn't matter
24 what that state is or where that state is. It
25 might be -- in my case I live in Arizona but

1 the state where I am licensed is the state of
2 Colorado.

3 Q. And you mentioned an organization
4 that you volunteer with. What is that?

5 A. It's the Medical Reserve Corps of
6 Southern Arizona, and this is an organization
7 made up of nurses, pharmacists, physicians,
8 nurse practitioners, physician assistants that
9 provide care and services in a community
10 outreach type of setting.

11 Q. And you practice pharmacy in
12 connection with that organization?

13 A. Yes, I did.

14 Can I elaborate with a specific
15 example --

16 Q. Yes.

17 A. -- please? Okay.

18 During the initiation of the COVID
19 vaccination process in Tucson, Arizona, one of
20 the major metropolitan healthcare hospitals in
21 Tucson, the Tucson Medical Center, set up what
22 was called a drive-thru vaccination clinic,
23 and they sought volunteers that had experience
24 in vaccine preparation, vaccine administration
25 that were credentialed in order to provide

1 vaccinations, and so I volunteered through the
2 Tucson Medical Center drive-thru COVID
3 vaccination process for six months. I
4 prepared individually 15,000 COVID
5 vaccinations for administration. So I worked
6 three days a week eight hours a day for those
7 three days to provide the preparation of those
8 vaccinations, administer those vaccinations,
9 and oversee the process to make sure that
10 sterile practicing was provided and that clean
11 and accurate administration was occurring.

12 Q. And this was in Arizona?

13 A. It was in Tucson, Arizona at the
14 Tucson Medical Center.

15 Q. And where do you practice in the
16 state of Colorado, if you do?

17 A. I have a license in the state of
18 Colorado. I haven't practiced in Colorado
19 since we left Colorado for me to pursue
20 graduate studies at the University of
21 Minnesota in 1980, but I've been licensed for
22 48 years in the state of Colorado.

23 Q. And other than your work with the
24 COVID vaccines, when was the last time you
25 dispensed medication as a pharmacist?

1 A. That was it.

2 Q. And did you -- when you were
3 practicing as a pharmacist, were you
4 practicing -- you mentioned some experience
5 with Rite Aid. Did you have other experience
6 in a pharmacy?

7 A. Yes, I did.

8 MR. ELSNER: Objection.

9 Just give me one second.

10 Just object to the form.

11 Go ahead.

12 A. Upon graduation from pharmacy
13 school in 1975, we moved to western Colorado,
14 a city called Montrose, and at that -- in
15 Montrose I was a part-owner of a community
16 pharmacy and I was the pharmacist manager for
17 that pharmacy for five years. And I also
18 practiced in a long-term care facility as a
19 consultant pharmacist for three nursing homes
20 in the Montrose County area. So that's as an
21 independent pharmacy owner, pharmacy manager,
22 and practitioner.

23 Q. And in your experience in the
24 independent pharmacy and the chain pharmacy,
25 did you dispense opioid medications?

1 A. I certainly did, yes.

2 Q. And I take it the last time you
3 did that would have been in the 1980s? Did
4 you say 1980 is the last year you practiced?

5 MR. ELSNER: Objection.

6 Go ahead.

7 A. It would have been in the 1990s,
8 late 1990s. What I tried to do when I started
9 my academic career was each and every summer
10 or break period I wanted to work in a pharmacy
11 setting so I could keep current with what the
12 demands, current environment and practice
13 components might be, so I did that religiously
14 throughout my academic career.

15 Q. So you practiced in a pharmacy
16 every summer. What were the years that you
17 did that?

18 A. Okay. That would have been
19 through 2004, and then from 2004 until my
20 academic retirement, at least as a full
21 professor, in 2018, I would spend time in
22 pharmacies each and every year, whether it was
23 an independent, a chain or a community
24 pharmacy, to just see what was going on, how
25 it was being done, what some impacts might be

1 upon the pharmacists.

2 Q. So during those summers where you
3 were spending time in a pharmacy until 2004,
4 were you dispensing medication?

5 A. I was observing the dispensing. I
6 wasn't doing the actual dispensing myself.

7 Q. Okay. And then between 2004 and
8 2018, when you were spending time in
9 pharmacies, were you dispensing medication?

10 A. No.

11 Q. Are you still practicing
12 pharmacy -- are you a practicing pharmacist
13 right now?

14 A. I consider myself to be a
15 pharmacist, and my current practice is I
16 provide medication-related coursework for
17 senior citizens through what's called the
18 University of Arizona OSHER, O-S-H-E-R,
19 Life-Long Learning Program. I've done five
20 courses with that component. I also interact
21 with faculty and students at the University of
22 Arizona College of Pharmacy. In that capacity
23 I consider myself to be a practicing
24 pharmacist in how I perform my duties and
25 interactions with those individuals.

1 Q. But since you were giving out
2 COVID vaccines, have you dispensed medication
3 at a pharmacy or given vaccines at a pharmacy
4 setting?

5 A. No, I have not.

6 Q. Have you done anything in a
7 pharmacy setting since your work with the
8 Medical Reserve Corps in southern Arizona?

9 A. Well, I'm still with the Medical
10 Reserve Corps, but recently I have not, no.

11 Q. And when was the last time you did
12 work with them?

13 A. It would have been 2022.

14 Q. And have you ever served as an
15 expert witness in a case that concerned opioid
16 dispensing?

17 A. Yes.

18 Q. Which one was that?

19 A. This was a case in Little Rock,
20 Arkansas, and it was a case involving the
21 misprescribing and administration of a
22 fentanyl dose to an infant child in the
23 medical center in Little Rock, Arkansas, and
24 the baby passed away and I was brought in to
25 speak to fentanyl administration, prescribing

1 and dosing for pediatric populations.

2 Q. And did you offer an opinion in
3 that case?

4 A. Yes, I did.

5 Q. Can you tell me the nature of that
6 opinion?

7 A. The nature was that this was a
8 misprescribed fentanyl dose on the part of the
9 physician, and it -- it should not have been
10 dispensed by the pharmacy for administration
11 to the patient because of the problems
12 associated with how this dosing was calculated
13 and was to be administered.

14 Q. Do you recall the pharmacy that
15 dispensed this medication?

16 A. It was the medical center pharmacy
17 in Little Rock, Arkansas.

18 Q. In your experience as an expert
19 witness, what kind of work have you done on
20 pharmacy practices and standards of care?

21 MR. ELSNER: Objection.

22 Go ahead.

23 A. There have been several cases that
24 involved pharmacy errors, misdispensing of
25 medications to patients, the wrong drug for

1 the wrong patient at the wrong time, and I was
2 asked to provide input on what that was and
3 what the problems were in that dispensing and
4 administration process.

5 Q. Anything else?

6 MR. ELSNER: Objection.

7 Go ahead.

8 A. No.

9 Q. Have you ever been qualified as an
10 expert by a court?

11 A. Yes, I have.

12 Q. In which cases?

13 A. I don't have the number of cases
14 at the tip of my tongue, but this goes back to
15 1996, and since 1996 through the present
16 there's probably been 20 to 25 cases that I've
17 been involved with and approved as an expert
18 witness.

19 Q. Have you ever been proffered as an
20 expert witness but not qualified?

21 A. No, I have not.

22 Q. Has a court ever limited your
23 testimony?

24 A. No, they have not.

25 Q. Are you familiar with the 2022 CDC

1 guidelines for prescribing opioids for pain?

2 A. Yes, I am. I'm very familiar with
3 those guidelines. I use those materials in
4 coursework that I present to doctor and
5 pharmacy students at several universities and
6 colleges of pharmacy in the United States.

7 Q. Do you agree with the current
8 guidelines?

9 MR. ELSNER: Objection.

10 A. I can see where these guidelines
11 were important, why they were important, why
12 they need to be followed and how they can be
13 used by pharmacy practitioners in a practice
14 setting.

15 Q. Is there anything in the current
16 guidelines that you don't agree with?

17 MR. ELSNER: Objection.

18 A. No, I do not.

19 Q. Sorry. You do not what?

20 A. I do not disagree with any of the
21 current guidelines.

22 And just as a point of reference,
23 I was the first pharmacy faculty member in the
24 United States across the country to utilize
25 these guidelines in coursework in colleges of

1 pharmacy in the pharmacy schools.

2 Q. Turning to your report and the
3 Ohio Board of Pharmacy surveys, the Ohio Board
4 of Pharmacy repeatedly said that the 2020 and
5 2021 surveys were about working conditions; is
6 that right?

7 MR. ELSNER: Objection.

8 A. In my estimation, respectfully,
9 please, that's a very limited view of what
10 they were looking at.

11 Q. Okay. Is it your opinion that
12 these surveys were about opioids?

13 A. I'm sorry. I didn't understand
14 your question.

15 Q. Is it your opinion that these Ohio
16 Board of Pharmacy surveys were about opioids?

17 A. They included components that
18 certainly embraced the problems associated
19 with opioid dispensing.

20 Q. On page 5, if you could turn there
21 with me, of your report, at the beginning of
22 the last paragraph you write, "Over the last
23 20 years, there has been growing concern among
24 pharmacists, boards of pharmacy and trade
25 associations related to working conditions in

1 retail chain and grocery store pharmacies."

2 Do you see that?

3 A. Yes, I do.

4 Q. And what complaints are you
5 referring to in this instance?

6 A. Because state pharmacy boards are
7 public entities, they produce documents that
8 show what complaints have been made, by whom,
9 how many, those kinds of things, so that's
10 where that construct comes from.

11 Q. Are you referring to any specific
12 complaints that you recall here?

13 A. There have been numerous
14 complaints in each of the 50 states related to
15 this issue.

16 Q. Have you reviewed complaints to
17 the state board of pharmacies in every -- each
18 of the 50 states?

19 A. No, I have not.

20 Q. Do you recall any specifically
21 about Kroger?

22 MR. ELSNER: Objection.

23 A. I'm not sure what -- if what I'm
24 going to answer is necessarily considered,
25 quote, unquote, complaint, but rulings and

1 findings from court cases have indicated such
2 problems with dispensing of opioids in Kroger
3 pharmacies.

4 Q. And what rulings and findings are
5 you talking about?

6 A. Well, specifically in the state
7 where you're located this morning, West
8 Virginia settled with Kroger for 68 million
9 dollars.

10 Q. And you would consider that a
11 ruling or a finding by a court?

12 A. Yes, I would.

13 Q. In what way?

14 A. Well, I'm not an attorney, okay,
15 but when I see a settlement that's 68 million
16 dollars that Kroger paid, then that indicates
17 to me that it was a settlement.

18 Q. I agree with you that it was a
19 settlement. Does that settlement influence
20 your opinions -- does that settlement
21 influence your opinions in this case?

22 MR. ELSNER: Objection.

23 A. I looked at this particular case
24 that we're talking about this morning as an
25 independent viewer of what the particular

1 situation was without trying to weigh in any
2 other factors from any other cases.

3 Q. So when you wrote this sentence,
4 though, what -- I believe you just told me
5 there were numerous rulings and findings
6 pertaining to Kroger specifically. What are
7 you referring to when you said that?

8 A. Okay. The association that
9 monitors each and every one of the 50 boards
10 of pharmacy in the United States is the
11 National Association of Boards of Pharmacy.
12 And NABP, again, it's a public entity and they
13 have reported findings, other types of things
14 pertinent to what I was writing in this
15 particular paragraph.

16 Q. And specific to Kroger?

17 A. I don't know specifically if
18 Kroger was identified, but large chain
19 community settings, which obviously includes
20 Kroger, would have been involved.

21 Q. You also mention in this paragraph
22 DEA cases that have warned about pharmacies
23 utilizing metrics and other incentives.

24 Do you see that?

25 A. Yes, I do.

1 Q. Which DEA cases are you referring
2 to?

3 A. I'm not sure if I can identify a
4 specific case.

5 Q. Any of them dealing with Kroger?

6 MR. ELSNER: Objection.

7 A. I can't recall that off the top of
8 my head.

9 Q. On page 8 of your report, the last
10 paragraph that starts out, "Organizations
11 conduct different types of surveys," the
12 second sentence there states that, "The Ohio
13 Board of Pharmacy conducted its surveys to
14 gather information about existing workload
15 conditions that required further study, and
16 not necessarily to understand what all Ohio
17 pharmacists believe."

18 Can you explain that sentence to
19 me?

20 A. Yes. I certainly can try. It
21 goes back to what the particular survey was
22 supposed to be doing, okay. And when you
23 construct a survey, you consider what is it
24 that you're trying to examine, how are you
25 going to examine it, and what are you going to

1 use the results of that process or that
2 research to do. And if you look at the study
3 that we're talking about in the state of Ohio
4 with workload conditions, it wasn't trying to
5 predict anything, it wasn't trying to estimate
6 what something might be. It was just simply
7 understanding component field research to try
8 to look at what the general working conditions
9 were as stated by pharmacists that were
10 licensed to practice pharmacy in the state of
11 Ohio. It wasn't trying to predict anything.
12 It was just to get a general sense of what the
13 state of practice components might be affected
14 by workplace environments.

15 Q. Is it your opinion that this --
16 these surveys were not -- let me rephrase
17 that.

18 Is it your opinion that it was not
19 the purpose of the surveys to understand what
20 all Ohio pharmacists believed?

21 MR. ELSNER: Objection.

22 A. You couldn't conduct a survey to
23 analyze what all pharmacists consider. This
24 was just to try to get a general sense of
25 workplace conditions that impacted patient

1 safety in the practice of pharmacy in these
2 settings in Ohio.

3 Q. On page 10 of your report -- if
4 you could flip there -- you talk about the
5 response rate, and the last sentence of that
6 top paragraph says, "In my opinion the
7 response rates for pharmacists responding to
8 the 2020 and 2021 survey was adequate and
9 appropriate."

10 What do you mean by adequate and
11 appropriate here?

12 A. And, again, what all this goes
13 back to is what the purpose of this survey was
14 for, okay. And it wasn't to try to predict
15 anything. It wasn't trying to estimate
16 anything other than what the working
17 conditions were in the state of Ohio for
18 pharmacists in the two years that this study
19 was conducted.

20 And if you look at the response
21 rate that you see in this study, it's very
22 similar to the response rates that you could
23 see in other state surveys, West Virginia,
24 Missouri, as well as national surveys that
25 were conducted by the American Association of

1 Pharmacists, the APhA studies, that looked at
2 workload conditions, working conditions,
3 working environment, and if you consider the
4 response rate in these Ohio studies with those
5 other studies that I just referenced, it's
6 very, very similar, if not the same.

7 Q. You referenced three just now
8 surveys, in West Virginia, Missouri and
9 national. When was there a West Virginia
10 Board of Pharmacy survey conducted?

11 A. I do not recall.

12 Q. Do you recall what the response
13 rate in that survey was?

14 A. It was very similar. I can't give
15 you the exact specificity of what the response
16 rate was, but it was very similar as far as
17 the percentage of respondents.

18 Q. What was the West Virginia survey
19 about?

20 A. Workload conditions in pharmacies.

21 Q. And I looked through your
22 materials considered in your report and I'm
23 not sure I saw a West Virginia Board of
24 Pharmacy survey. Do you think -- is that in
25 there? Is that something you considered?

1 A. It's not something I considered.
2 I just know that they did a study and I looked
3 at the results but I didn't include it in the
4 paper that I -- or the report I presented and
5 prepared.

6 Q. Okay. So you believe there is a
7 study done but you're not sure when; is that
8 right?

9 A. That's correct.

10 Q. And you don't know the response
11 rate but you believe it was about 20 percent?

12 A. It was more than that. I can't
13 tell you exact percentage.

14 Q. Do you know how much more than the
15 Ohio survey response rate it was?

16 MR. ELSNER: Objection.

17 A. No, I do not.

18 Q. Now, the Missouri survey, that's
19 what you supplemented your report with
20 recently; is that right?

21 A. That's correct.

22 MR. ELSNER: That's not true,
23 actually, counsel.

24 MS. WOHL: I'm sorry. That was
25 Oregon. Okay. My mistake.

1 Q. Do you recall the year that the
2 Missouri Board of Pharmacy did a survey of
3 workload conditions?

4 A. I can't give you the exact date,
5 but I think it was around 2014.

6 Q. Was this part of your materials
7 considered?

8 A. Yes, it was.

9 Q. And do you recall the response
10 rate in the Missouri Board of Pharmacy survey?

11 A. If you could give me a minute, I
12 could go to the exact spot and tell you.

13 Q. Okay.

14 A. It's footnote 117. I have to look
15 at the exhibit to tell you what the date of
16 that survey was precisely.

17 Q. Okay. Do you recall the response
18 rate in the Missouri Board of Pharmacy survey?

19 MR. ELSNER: Objection.

20 Q. I'm sorry. That's what I just
21 asked you, isn't it?

22 Okay. And you also cited to a
23 national pharmacy workload survey?

24 A. Yes.

25 Q. And do you recall the year that

1 the national survey was done?

2 A. Again, I'd have to go to the
3 footnotes to pull up the exact date. I don't
4 recall what the date was. The Missouri Board
5 of Pharmacy survey was 2019. That's on page
6 27, first paragraph, halfway down the page.

7 Q. Can you recall the response rate
8 of the national board -- or the national
9 pharmacy survey?

10 A. It was in the range of the 20
11 percentile. I can't tell you exact amount.

12 Q. Were there any other surveys that
13 you're referring to in this sentence on page
14 10?

15 A. On page 10?

16 Q. Yes, about similar surveys.

17 MR. ELSNER: Objection.

18 A. Where specifically on page 10 are
19 you referencing?

20 Q. It's the last sentence on that
21 first paragraph, "Similar surveys assessing
22 the status of work environment for
23 pharmacists."

24 A. Those are the ones that I'm
25 referring to.

1 Q. Okay. Do you agree that survey
2 response rates are a factor to consider in
3 determining the quality and validity of a
4 survey's results?

5 A. I can't agree with that statement
6 as you stated it.

7 Q. Would a higher response rate to
8 the Ohio Board of Pharmacy surveys have
9 yielded results that more accurately reflected
10 the opinions of all pharmacists in the state
11 of Ohio?

12 MR. ELSNER: Objection.

13 A. I can't answer that question
14 without elaborating.

15 Q. In your opinion, do the Ohio Board
16 of Pharmacy surveys represent accurate
17 cross-sections of the Ohio pharmacists at the
18 time?

19 A. That was not the purpose of the
20 study, to do that particular thing that you're
21 pointing out.

22 Q. Regardless of a purpose, is it
23 your opinion that the surveys do represent
24 accurate cross-sections of all Ohio
25 pharmacists at the time?

1 MR. ELSNER: Objection.

2 A. I can't agree with your premise
3 statement.

4 Q. Are you familiar with the concept
5 of weighted data in surveys?

6 A. Yes, I am.

7 Q. Can you explain that to me?

8 A. Okay. That is a particular type
9 of study that's disparately different than
10 this survey and the intent of this survey. A
11 weighted data survey would look at a survey
12 that was conducted to do some type of a
13 prediction and some type of an assessment from
14 a statistical point of view of the validity of
15 the data that was collected, and it might
16 include any number of factors that include
17 demographics, other types of things that you
18 can weigh in and use to assess whether or not
19 what you found is accurately representing what
20 it is that you wanted to find. That's not the
21 purpose at all in any way, shape or form of
22 what the Ohio surveys were intended to do. It
23 wasn't to be predictive, it wasn't to have any
24 kind of a statistical component associated
25 with it other than to look at the general

1 workplace conditions that impacted patient
2 safety in pharmacies in the state of Ohio.

3 Q. You repeated this a couple times.
4 I want to make sure I've got this right. The
5 Ohio Board of Pharmacy surveys were not meant
6 to represent the Ohio pharmacists at large?

7 MR. ELSNER: Objection.

8 A. You have to look at specifically
9 why these studies were conducted. They were
10 conducted to look at general work conditions
11 as perceived by pharmacists that responded to
12 the survey. It wasn't trying to predict
13 anything. It was simply trying to assess what
14 the current situation was and factors that
15 impacted pharmacists and their ability to
16 practice pharmacy.

17 Q. So, again, they were not meant to
18 represent the thoughts and feelings and
19 conditions of all Ohio pharmacists, correct?

20 A. That was not the purpose of the
21 study, no.

22 Q. So when you say the purpose of the
23 study was to understand general working
24 conditions of pharmacists, do you mean that it
25 was general working conditions of only the

1 pharmacists who responded to the survey?

2 MR. ELSNER: Objection.

3 A. I can't agree with that statement.

4 Q. Why not?

5 A. Because that wasn't the purpose of
6 the study. The purpose of the study was to
7 get a general assessment of workplace
8 conditions as perceived by pharmacists that
9 responded to the surveys.

10 Q. So the assessment of workplace
11 conditions that the Ohio Board of Pharmacy got
12 out of this survey is limited to the
13 perceptions of the pharmacists who responded;
14 is that a correct statement?

15 MR. ELSNER: Objection.

16 A. I can't agree with that statement.

17 Q. Why not?

18 A. The use of the term "limited" is
19 confusing. I think that you have to look at
20 the results that were found as they were
21 presented, both the Likert scale items with
22 the numerical value associated with them, a
23 percentage value associated with them, as well
24 as the verbal comments.

25 Q. When you say you have to look at

1 those, are you expressing that's why you can't
2 agree with that statement about the general
3 assessment?

4 A. Could you please repeat your
5 question in its entirety?

6 MS. WOHL: Could I have the court
7 reporter read that question back?

8 (Recess had.)

9 Q. That was the question. Thank you.

10 A. The purpose of the study was to
11 get an assessment of pharmacists' perception
12 of workplace conditions, and that's what they
13 responded to both in their Likert scale items
14 as well as their verbal responses.

15 THE WITNESS: Would it be possible
16 to take a break, please?

17 MS. WOHL: Yes. Why don't we take
18 a ten-minute break.

19 THE VIDEOGRAPHER: Going off the
20 record, 10:55.

21 (Recess had.)

22 THE VIDEOGRAPHER: On the record,
23 11:07.

24 BY MS. WOHL:

25 Q. Dr. Fincham, I want to go back to

1 the questions that we left off on and make
2 sure I understand what you're saying here.

3 You said a few times that the
4 purpose of the survey was to get a sense of
5 the general working conditions at Ohio
6 pharmacies; is that correct?

7 A. Yes.

8 Q. But do you agree with me that the
9 workplace conditions of the survey gives you a
10 sense of the conditions of the pharmacists who
11 responded? Do you agree with that?

12 MR. ELSNER: Objection.

13 A. I think that you can take that at
14 face value, but you also have to realize that
15 there were data points that were collected,
16 but based upon how many years of experience
17 somebody had, where their practice site was,
18 whether it was in an institutional setting, an
19 independent setting, a large chain setting, a
20 food market-based pharmacy. Those types of
21 demographic information items were collected.

22 Q. Are you saying that because they
23 collected those demographic data information,
24 you can tell from the responses about
25 workplace conditions of pharmacists who did

1 not respond to the survey?

2 A. You can't predict what somebody
3 didn't respond to, but what you can look at is
4 what was stated by those that did make an
5 opinion stated either through the Likert scale
6 responses or the verbal responses.

7 Q. I think we agree on that point.

8 Dr. Fincham, you also talked about
9 the West Virginia settlement, and I want to go
10 back to that.

11 Where did you learn about the
12 Kroger settlement in West Virginia?

13 A. Ms. Wohl, it was just simply an
14 online assessment of other lawsuits that have
15 been brought against various chain pharmacies,
16 and I just saw that online as a settlement
17 that was reached in the state of West Virginia
18 versus Kroger.

19 Q. And does that settlement support
20 any of the opinions that you've made in this
21 report?

22 MR. ELSNER: Objection.

23 A. Ms. Wohl, I did not even consider
24 that report or that finding in the report that
25 I presented that we're looking at this

1 morning.

2 Q. Do you believe that, you know,
3 after the fact that it supports what you've
4 said in your report?

5 MR. ELSNER: Objection.

6 A. Again, I didn't look at that
7 report in its entirety. I just simply saw the
8 dollar value and left it at that. I didn't
9 pursue it any further.

10 Q. Does it have any relevance to your
11 opinions in this report?

12 A. I'd have to look at what it is
13 that was stated in that document to see
14 whether or not that it supported or didn't
15 support what it is that I wrote. In my mind
16 it's just not pertinent to what we were
17 looking at here today.

18 Q. I'm going to ask you to look at
19 what I think might be tab 1. It's an article
20 you authored in 2008.

21 Do you see that?

22 A. Yes. I am there.

23 Q. This is going to be our Deposition
24 Exhibit 2.

25 - - - - -

1 (Thereupon, Deposition Exhibit 2,
2 Article Entitled "Response Rates
3 and Responsiveness for Surveys,
4 Standards, and the Journal," was
5 marked for purposes of
6 identification.)

7 - - - - -

8 Q. Am I right about that? Is this a
9 2008 article you authored for the American
10 Journal of Pharmaceutical Education?

11 A. Yes. That was published at that
12 point in time. It's been referenced by other
13 authors in refereed manuscripts over 1,500
14 times.

15 Q. And you were the associate editor
16 of the American Journal of Pharmaceutical
17 Education at the time; is that right?

18 A. Yes. For ten years I was in that
19 capacity.

20 Q. And under the heading Expectations
21 for Survey Response Rates, the first sentence
22 is, "There are now higher expectations for
23 survey response rates."

24 Do you see that?

25 A. Yes, I do.

1 Q. And you've got below that
2 "Response rates approximating 60 percent for
3 most research should be the goal of
4 researchers," correct?

5 A. That's correct.

6 Q. And "For survey research intended
7 to represent all schools and colleges of
8 pharmacy, a response rate of 80 percent is
9 expected"?

10 A. Yes.

11 Q. You've also got under the last
12 full paragraph on that first page,
13 "Non-response bias is a deadly blow to both
14 the reliability and validity of survey study
15 findings"; is that right?

16 A. Yes.

17 Q. So for the Ohio 2021 Board of
18 Pharmacy pharmacists' workload survey, the
19 response rate was somewhere around 20 percent,
20 right?

21 A. Yes.

22 Q. And you believe that 20 percent is
23 a sufficient response rate to prove the
24 validity of that Ohio Board of Pharmacy
25 survey; is that right?

1 A. I do based upon what the purposes
2 of that study were. And if you look at this
3 particular published paper that we're
4 referencing right now, this was focused on
5 academic researchers and schools and colleges
6 of pharmacy throughout the United States and
7 Canada that were publishing findings that were
8 to be predicted within a certain percentage of
9 what accurately might be assessed when you
10 look at a survey and the survey data and the
11 results.

12 So the types of studies that we're
13 looking at in this particular paper, that I'm
14 referencing in this paper, are night and day
15 different from the survey that was conducted
16 that was a field study in the state of Ohio.
17 So the studies that are referenced here in
18 this paper deal with specific predicting types
19 of questionnaire items rather than assessing
20 what the general framework of something might
21 be.

22 So the studies that are published
23 in the AJPE have to deal with predicting how
24 students are going to respond to a particular
25 course, how faculty are going to respond to a

1 particular course. So you do a defined
2 sample -- in some cases it's a weighted
3 sampling process that then you can look at and
4 see whether or not it was valid.

5 One of the factors you look at is
6 the response rate. That's not what you do
7 with field studies that we're talking about
8 with the State of Ohio surveys.

9 Q. Explain to me what a field study
10 is, please.

11 A. A field study is conducted as a
12 general assessment of what factors are in an
13 environment, and we're looking, for example,
14 in the state of Ohio, what the pharmacists'
15 perception of their workplace conditions are.
16 And some of the demographics that were
17 obtained dealt with institutional practice,
18 chain pharmacy, food market-based pharmacy, et
19 cetera. So it wasn't trying to predict
20 anything. It was trying to just see what the
21 general field conditions were as perceived by
22 pharmacists of their working conditions.

23 Q. In a field study like that is the
24 response rate unimportant?

25 A. The response rate is not as

1 important as it is in a statistically focused,
2 parametrically designed study that looks at
3 specific statistics and statistical analyses,
4 et cetera.

5 Q. So in those studies a response
6 rate of 60 to 80 percent is appropriate but in
7 field studies you would aim for a response
8 rate of 40 percent?

9 A. That's a general assessment that I
10 would agree with, yes.

11 Q. And do you know whether similar
12 experts in the survey field would agree with
13 that assessment, that field study response
14 rates should generally aim for a 20 percent
15 figure there?

16 A. I can agree with that statement,
17 and I can look at the researchers that did.
18 For example, the APhA study, John Stomer from
19 the University of Minnesota. He has published
20 numerous papers that deal with field
21 research-type topics. And looking at the
22 response rates that we achieved here in Ohio
23 versus what was achieved in the national study
24 are very, very similar, and they're accepted,
25 they're considered to be valid in their

1 design, in their analysis.

2 Q. Responding to this Ohio Board of
3 Pharmacy survey, this was voluntary; is that
4 right?

5 A. That's correct.

6 Q. Doesn't the non-responsive rate at
7 least raise a question of whether the
8 pharmacists who chose to respond are different
9 in some way than those who chose not to
10 respond?

11 A. I can't agree with that.

12 Q. Why not?

13 A. Because what the pharmacists
14 indicated in their Likert scale responses,
15 their satisfaction, dissatisfaction, et
16 cetera, were mirrored very closely in some of
17 the items that were listed in the verbal or
18 written responses that they provided. And the
19 number of written responses in both the Ohio
20 surveys was really very, very large. It's
21 rare to have that many people respond as they
22 did not only in the numbers that we're talking
23 about but within the framework of each
24 individual's response. Some of these were
25 elaborately detailed paragraph after

1 paragraph.

2 Q. So what do those comments then,
3 the details that you're talking about, tell
4 you about the pharmacists who chose not to
5 respond to the survey?

6 MR. ELSNER: Objection.

7 A. I can only tell you what the
8 pharmacists that did respond verbalized, and
9 the quality of the components of what they
10 described was, to me as a pharmacist,
11 disturbing. My blood boiled. It was
12 absolutely disgraceful that pharmacists would
13 be put in this type of environment and have to
14 practice as they did with the constraints
15 under which they practiced.

16 Q. So, to be clear, the responses
17 that you reviewed, do they to you indicate any
18 conditions or feelings that any of the Ohio
19 pharmacists who did not choose to respond to
20 the survey may have had?

21 MR. ELSNER: Objection.

22 A. I can only speak to what the
23 responses were that I read.

24 Q. Thank you.

25 A. And as a pharmacist, I'm going to

1 reiterate, it was incredibly disturbing to see
2 my profession treated as these respondents
3 indicated that they had to practice, and the
4 stresses, the strains, the absolute astounding
5 negative conditions in which they were
6 expected to take care of patients.

7 Q. Were these results surprising to
8 you?

9 A. The results were not surprising
10 because I have taught in schools of pharmacy
11 about proper activities that pharmacists
12 should be participating in that they need to
13 be supervised with and for. It wasn't
14 surprising that I saw it. What was surprising
15 was the breadth and depth of the negative
16 aspects of these individuals' practice
17 environments. It was disturbing to me as a
18 pharmacist. You can call me lots of things.
19 The thing I am most proud of is I am a
20 pharmacist, and this was so disturbing that it
21 absolutely astounded me, the breadth and depth
22 of the negative aspects of these individuals'
23 expected practice environments. I knew that
24 it would be bad, but I didn't expect it to be
25 this horribly bad.

1 Q. On page 8 of your report, you
2 state that responding pharmacists likely
3 viewed the surveys as a sincere effort by the
4 board to understand how pharmacists' workloads
5 impact patient safety, right?

6 A. Yes.

7 Q. And you note some of the written
8 comments that you've talked about, and you
9 note that some of them even requested that the
10 board take action to improve working
11 conditions and patient safety, right?

12 A. Yes.

13 Q. Is it possible that the
14 pharmacists who chose to respond to the survey
15 were more likely to be those pharmacists who
16 wanted the board to take action?

17 A. I can't agree with that statement.
18 You don't know.

19 Q. And you put throughout your report
20 comments that pharmacists chose to write
21 indicating their dissatisfaction with their
22 current work environment, right?

23 A. Yes.

24 Q. Is it possible that the
25 pharmacists who chose to take this survey were

1 more likely to have complaints to voice about
2 their work environment than the pharmacists
3 who did not respond?

4 MR. ELSNER: Objection.

5 A. I can't agree with it.

6 Q. Why not?

7 A. You simply do not know.

8 Q. Is it possible that many of the 80
9 percent of pharmacists who chose not to
10 respond to the survey simply did not have as
11 many complaints about their workload and
12 patient safety?

13 A. You can't make that assessment.
14 They could be worse, they could be equal, they
15 could be better as to how they viewed their
16 environment. They just simply did not choose
17 to verbally respond in writing.

18 To be honest with you, I don't
19 think that that needs to be the focus. My
20 concern would be let's look at what these
21 individuals who did respond actually said from
22 a qualitative standpoint.

23 Q. Thank you.

24 A. You practice in an esteemed
25 environment, and when I was a dean -- when I

1 wasn't a faculty member, when I was a dean
2 overseeing a thousand people, if one
3 individual would state some of the things that
4 were stated in some of these comments, it
5 would absolutely be all that I needed to do to
6 make a change. And I'm not trying to put
7 myself in your position, but if somebody in
8 your firm -- for example, one of the women,
9 page 82 of the 2021 study, indicated that she
10 had been pregnant for 40 plus weeks, she
11 wasn't able to take a break to go to the
12 bathroom or to eat. If that environment was
13 present at any place where I had worked in my
14 life, things would be done differently
15 immediately because of the severity of that.
16 It didn't matter whether this was one person
17 or ten persons that made this comment. One
18 was all I would need to see. And I'm not sure
19 what you would look at in your firm, but one
20 individual with these kinds of working
21 conditions would mean, in my estimation, to
22 make some changes immediately.

23 Q. On page 10 you discuss
24 Dr. Selzer's comments on the proportion of
25 large chain grocery respondents, the

1 proportion change between '20 and '21. Do you
2 recall that?

3 A. Yes.

4 Q. And you actually say her analysis
5 is misleading. Was there not a change in the
6 proportion of these types of respondents
7 between those two years?

8 MR. ELSNER: Objection.

9 A. The change was obviously there,
10 but the impact of that change and the
11 importance of that change in my mind just
12 wasn't important.

13 Q. Okay. But you do understand what
14 she's saying here about proportion, that the
15 respondent pool is made up of a larger
16 percentage of large chain grocer pharmacists
17 than it was in 2020?

18 MR. ELSNER: Objection.

19 A. I can't agree with her statistical
20 analysis.

21 Q. About the proportion of the
22 respondent pool?

23 A. The increase of 50 percent for
24 respondents in this study.

25 Q. I'm sorry. What was that?

1 A. I said that she states in that
2 paragraph that it was -- there was an increase
3 of 50 percent of respondents in this setting,
4 it was 24 percent of responding pharmacists in
5 2020 and 36 in 2021. In fact, it's 71
6 individuals, an increase of about 7 percent.
7 So I don't agree with her statistical
8 findings.

9 Q. But you agree with the numbers 24
10 percent and 36 percent, correct?

11 MR. ELSNER: Objection.

12 A. I'd have to go through and do the
13 calculation, which I didn't do.

14 Q. Okay. And your -- regardless of
15 the calculation being correct, your opinion
16 that the number of large chain grocer
17 respondents only had a seven-person change
18 over those two years and that makes that
19 change insignificant to the survey results?

20 A. In my estimation, yes.

21 Q. So the hard number, that
22 seven-person change, is the more important
23 number rather than those proportion numbers
24 that Dr. Selzer was looking at in your
25 opinion, right?

1 A. You said seven. Do you mean 71?

2 Q. Yeah. I'm sorry. 71.

3 A. That seven percent seems
4 irrelevant to me.

5 Q. Okay. You explain this increase
6 by citing the Ohio Board of Pharmacy annual
7 report for 2020 which says there were 1,000
8 new pharmacists in 2020.

9 Do you see that?

10 A. Okay.

11 Q. And you actually say on the bottom
12 of page 10 had Dr. Selzer looked, she may have
13 begun to answer her other questions by
14 reviewing the annual reports. What do you
15 mean by that?

16 A. I think that she didn't analyze
17 why the survey was done, what was the purpose
18 of the study. She didn't do that component.

19 Q. And that -- I'm sorry. Is that
20 your answer to what I'm asking here; had she
21 looked at these annual reports, she may have
22 begun to answer her other questions?

23 MR. ELSNER: Objection.

24 A. You know, I'm sorry. I can't
25 predict what Dr. Selzer would or wouldn't do.

1 Q. I'm asking you what that sentence
2 in your report means when you say had
3 Dr. Selzer looked at these reports, she may
4 have begun to answer her other questions?

5 A. That she needed to look at what
6 the survey purpose was, why was the survey
7 done, how was it to be administered, and what
8 were the results that were found to be used
9 for.

10 Q. And you recall in her report that
11 she uses the Board of Pharmacy's own words in
12 terms of what the purpose of the survey is,
13 correct?

14 A. Can you direct me to that part of
15 her report that you're referencing, please?

16 Q. Yes. Give me a second. On page
17 46 of Dr. Selzer's report, if you have that --

18 A. Yes, I do.

19 Q. -- she cites Mr. McNamee's
20 testimony with regards to the purpose and
21 intent of the survey.

22 A. Yes.

23 Q. Do you disagree with any of that?

24 MR. ELSNER: Objection.

25 A. This is a verbatim statement of

1 what was stated by Mr. McNamee in his -- his
2 deposition.

3 Q. Okay. So you agree that that's
4 the purpose of the Ohio Board of Pharmacy
5 surveys?

6 MR. ELSNER: Objection.

7 A. The intent of the survey was to
8 capture vital feedback on pharmacists' working
9 conditions in the state.

10 Q. Do you agree with that?

11 A. Based upon my assessment of the
12 survey, I would agree with that.

13 Q. Okay. So you just told me that
14 Dr. Selzer did not analyze the purpose of the
15 survey, so what do you mean with that
16 criticism of her report?

17 A. I'm referencing the fact that
18 she's looking at response rate as a key
19 component. And if you look at a field study,
20 response rate is not a major factor that needs
21 to be considered. What you need to consider
22 is the totality of the responses and the
23 perception of what you're trying to gather.
24 This was not to be in any way, shape or form
25 some type of an analytical prediction survey.

1 It was an analytical field study only.

2 Q. Is it part of your opinion in this
3 case, your written opinion, that this was a
4 field study and response rates are not as
5 important in field studies?

6 MR. ELSNER: Objection.

7 A. That's correct.

8 Q. Can you point me to where in your
9 written report that appears? And I ask
10 because I did not see anything about the
11 purpose and meaning of a field study in your
12 report.

13 A. Do you want me to go through the
14 entire report to come up with the specific
15 item? If that's the case, you're going to
16 have to give me some time to do that.

17 Q. No, I don't think that's
18 necessary. I just did a quick word find on
19 field study and didn't see it. Is there
20 another term I should search for pinpointing
21 when you talk about that?

22 A. The purpose of the study.

23 Q. The purpose of the study.

24 A. So when the Ohio Board constructed
25 this survey, they didn't say it was going to

1 be a field study, but my assessment of what
2 was done, in my perception, my experience, in
3 my expertise, indicates that this is a field
4 study. That's perhaps an academic, definitive
5 term that somebody like the Board of Pharmacy
6 didn't feel they needed to use. They simply
7 needed to state what they were doing. My view
8 of what this is is from the perspective of
9 somebody that studied and analyzed surveys and
10 survey research and questionnaire design my
11 entire career.

12 Q. Can you turn to page 11 of your
13 report, please? In the last page -- or the
14 last sentence of page 11 you state that in my
15 opinion, the Ohio Board of Pharmacy surveys
16 were valid and appropriate for their purpose
17 and use. And you talked a lot about the
18 purpose, and I believe we have the Ohio Board
19 of Pharmacy's stated purpose of the surveys.
20 Can you explain to me what you mean by "use"
21 in that sentence?

22 A. Okay. Looking at what was the
23 purpose of the study, to get a general sense
24 of working conditions, all right? And when I
25 say "use," then the Board of Pharmacy would

1 choose to do what it is that they felt
2 necessary in response to what these surveys
3 found. So what I'm trying to say was that
4 this survey was valid from the standpoint of
5 what it was intended to do, how it was to be
6 carried out, how it was administered, and then
7 the purpose and the use -- the use would
8 follow the purpose and the findings from what
9 they did.

10 Q. Is it your opinion that the
11 purpose included finding out the working
12 conditions specific to dispensing opioids?

13 MR. ELSNER: Objection.

14 A. The purpose was looking at general
15 safety conditions that were applicable from
16 the perception of these pharmacists, and if
17 you look at their practice environment, one of
18 the key components of that practice
19 environment is the safe and appropriate
20 dispensing of opioid prescriptions.

21 Q. Is there a difference in a
22 pharmacist's work when it comes to dispensing
23 opioids versus other prescription medication?

24 A. There's additional requirements
25 that are put into play, yes.

1 Q. Were any of the survey questions
2 specifically about dispensing opioids?

3 MR. ELSNER: Objection.

4 A. They weren't; however, the
5 assessment of their view of the safety of the
6 environment in which they practice, the
7 stresses that they were under would have a
8 definite impact on how opioids were safely or
9 unsafely dispensed in that environment. So
10 they didn't have to ask a specific question
11 about opioids. It was the general workplace
12 safety environment that resonated with me.

13 Q. So opioid dispensing, what you're
14 saying, because it's part of the general
15 workload of a pharmacist, you can look at
16 these questions and responses and discern
17 pharmacists' attitudes and concerns with
18 respect to all aspects of pharmacist duties;
19 is that fair?

20 MR. ELSNER: Objection.

21 A. Could you repeat the question,
22 please?

23 Q. Well, let me start here. Opioid
24 dispensing is part of the general workload of
25 a pharmacist, correct?

1 A. Yes.

2 Q. And there's a lot of other duties
3 that are involved in the general workload of a
4 pharmacist, correct?

5 A. Yes.

6 Q. So these responses about general
7 workload and patient safety in the pharmacy
8 setting inform context of opioids and all
9 those other duties that a pharmacist has,
10 right?

11 A. Yes.

12 Q. And that's what you're saying
13 here; you're not saying that any one of these
14 answers is specific to conditions in
15 dispensing opioids, are you?

16 A. I'm not saying that, but it's part
17 and parcel of the stress, pressure and safety
18 component of pharmacists and their need to do
19 that in a practice setting.

20 Q. So one of the things -- sorry. Go
21 ahead.

22 A. One of the tables in my report
23 lists out, not inclusive, but some of the
24 items that pharmacists need to consider when
25 they are in a practice environment. That

1 happens to be Table 1. And you go through
2 that list. These are not separate, mutually
3 exclusive items. These are items that work in
4 concert to make it even more difficult based
5 upon what you see as what the expectations are
6 in each and every one of these. So it's not
7 additive. It's synergistic. One plus one
8 doesn't equal two. One plus one might equal
9 ten as far as stress, strain, stress, et
10 cetera.

11 Q. So one of the things Dr. Selzer, I
12 think, says in her report is that she can't
13 extrapolate from the questions and the results
14 information specific to opioid dispensing, but
15 are you disagreeing with her on that point and
16 you're saying you can do that?

17 A. I'm disagreeing with Dr. Selzer's
18 assessment because, first of all, she might
19 have incredible expertise as a pollster. She
20 has zero expertise in analyzing what goes on
21 within a pharmacy practice, what pharmacists
22 have to deal with. She did not go into a
23 pharmacy, spend time to see what the
24 environment was or analyze what the
25 environment was. To her that was

1 inconsequential. And, in my estimation,
2 that's absolutely crucial when you consider
3 what these results are.

4 Q. But you don't think anyone just
5 looking at these survey results can interpret
6 them, do you; it's got to be somebody who
7 knows about pharmacy conditions and dispensing
8 regulations and opioid abuse and diversion?

9 A. I disagree with that, and I
10 disagree with it based upon the verbal
11 responses that you see. If you're a member of
12 the general public and you see a woman in a
13 practice setting that's pregnant telling
14 someone that she can't go to the bathroom,
15 that she can't take a lunch break, that she
16 might be a salaried employee but she has to
17 work 60 hours a week, I don't care what your
18 discipline is -- I don't care what your
19 profession or lack of profession is -- that
20 resonates with me if I read that.

21 Q. You've mentioned that a couple of
22 times and I understand you're upset by that
23 comment. Is that comment anecdotal or is it
24 representative of the response population?

25 A. In my mind it doesn't make any

1 difference if it's anecdotal or
2 representative. I'm looking at this from a
3 qualitative standpoint that this individual
4 had the courage to walk away from an
5 environment because she didn't feel safe doing
6 it. That's all I need to see. I don't need
7 to know whether this is representative or
8 whatever. I just need to look at it at face
9 value from a quality standpoint. That's
10 disturbing to me. It would be disturbing to
11 me if a general public person read this and
12 analyzed it.

13 Q. If you could turn to page 14 of
14 your report. The last sentence in that only
15 full paragraph in the middle of the page
16 starts out "For the Board."

17 Do you see that?

18 A. Yes.

19 Q. And you say, "For the board, the
20 question is not if pharmacies play a role in
21 opioid abuse and diversion but why they play a
22 role and whether enhanced regulations and
23 changes in corporate conduct may reduce the
24 risk of abuse and diversion." What do you
25 mean by this?

1 A. Okay. I think that pharmacists
2 play a role in proper or improper opioid abuse
3 and diversion, and regulations that impact
4 patient safety would enhance their ability to
5 do things in a proper and professional manner
6 that they need to.

7 Q. Are you saying that this is the
8 question that the Ohio Board of Pharmacy
9 sought to answer with their surveys?

10 A. No. It was just looking at what
11 the workplace safety was and how that impacts
12 this general specific component of workplace
13 safety.

14 Q. So you're not saying that they
15 were trying to answer these specific questions
16 about opioids that you put in this sentence,
17 right?

18 MR. ELSNER: Objection.

19 A. In order to put this sentence in
20 proper context, I think you have to read the
21 entire paragraph and look at "The Ohio Board
22 also determined that 40 percent of those who
23 overdosed had a prescription for a
24 benzodiazepine within 90 days of death. 30
25 percent of all unintentional overdose deaths

1 involved both an opioid and benzodiazepine
2 prescription." All right. So that background
3 puts in context what it is that you're trying
4 to just isolate into one sentence. You have
5 to look at the entire context of that
6 paragraph.

7 Q. And I'm not trying to be tricky
8 here by isolating and taking something out of
9 context, so, you know, I appreciate your
10 correction there. I'm trying to figure out
11 how this relates to the surveys.

12 A. The surveys were to get
13 pharmacists' perception of workload
14 environments, and their stresses, the strains
15 that they expressed both through their Likert
16 responses as well as the verbal responses
17 indicated that they were incredibly stressed
18 and overloaded; and if you consider those
19 facts and then look at opioids and opioid
20 dispensing, improper dispensing, it has a
21 dramatic direct impact on how safe that
22 process is.

23 Q. You are making that connection
24 based on prior findings of the Board of
25 Pharmacy, is that right, or are you making

1 that connection based on explicit connections
2 that the Board of Pharmacy made with the
3 survey?

4 MR. ELSNER: Objection.

5 A. I'm just basing my assessment on
6 the entire impact of what this paragraph is
7 indicating.

8 Q. Okay. You cite in your opinion
9 the CSA provision on corresponding
10 responsibility. What is corresponding
11 responsibility of a pharmacist?

12 A. If you look at the Controlled
13 Substances Act, that stipulated that drugs
14 were classified in Class I through Class V as
15 far as dangerous narcotics types of analgesics
16 and other types of products, okay. And so
17 pharmacists have responsibilities for making
18 sure that only those prescriptions that can be
19 dispensed are dispensed, quantities are
20 limited in some of these cases, you have to
21 get a new prescription for each and every one
22 of a controlled substance II classification.
23 So that's what I'm referring to as added
24 responsibilities. So it's not only a state
25 board of pharmacy stipulation but it's a Drug

1 Enforcement Administration stipulation. It's
2 a federal statute that comes into play, too.
3 So you've got two overlapping regulatory
4 agencies, the Board of Pharmacy and the Drug
5 Enforcement Administration, impacting what
6 pharmacists have to do when they dispense
7 these medications.

8 Q. And what do pharmacists have to do
9 in order to fulfill their corresponding
10 responsibility?

11 A. They have to follow to the letter
12 of the law which drugs can be dispensed, how
13 often they can be dispensed, how many times a
14 prescription can be refilled. If it's a new
15 prescription for a Schedule II product, it has
16 to be a new prescription each and every time
17 that product is filled. There are limits on
18 how many tablets, capsules, milliliters of
19 liquid that can be dispensed in some of these
20 cases. How these products are ordered from a
21 wholesaler or from a manufacturer are
22 stipulated as far as specific forms and
23 documents that have to be provided. So
24 there's documentation, there's recording after
25 the fact of what was done and why it was done.

1 This all has to be done by the pharmacist.

2 And in the state of Ohio there's
3 the additional assessment through their
4 automated online system, the OARRS, that you
5 have to document each and every prescription
6 for an opioid in that system.

7 Q. Have you ever heard of the term
8 "red flag"?

9 A. Yes, I have.

10 Q. What is that?

11 A. Red flag is an indicator to a
12 pharmacist in a practice environment that they
13 need to look at several different things
14 pertaining to the dispensing of a particular
15 product. And let me elaborate.

16 If you're looking, for example, at
17 the paragraph that we were just talking about,
18 if an opioid is prescribed along with a
19 benzodiazepine, that's a red flag. Why is
20 that a red flag? It's because the interaction
21 of those two drugs is not additive but it's
22 synergistic. The impact of the drug with the
23 addition of another drug is much more intense
24 than either one of those drugs taken by
25 themselves. So that's one of the items in a

1 red flag.

2 The second would be is the patient
3 traveling a long distance either to the
4 prescriber to get the prescription or to the
5 pharmacy to get the prescription dispensed.
6 So it's the types of drugs, it's the distance
7 that the individual travels, how frequently
8 are they refilling or filling these
9 prescriptions. That's another part of the red
10 flag process.

11 And, finally, are they simply
12 paying cash as opposed to using a credit card
13 or charging the item to an account.

14 So these items, again, are part of
15 what's called red flags, and these are Drug
16 Enforcement Administration red flags, they're
17 National Association of Boards of Pharmacy red
18 flags, and, in some cases, state red flag
19 components regarding the practice and
20 dispensing of these products.

21 Q. These red flags that you named,
22 are these the only red flags or are they
23 examples of red flags?

24 MR. ELSNER: Objection.

25 Go ahead.

1 A. They're simply examples.

2 Q. And if a red flag is apparent in
3 an opioid or controlled substance
4 prescription, what duty does the pharmacist
5 have?

6 A. The pharmacist can refuse to fill
7 it. And in my practice in the past I have
8 done that. I have refused to fill
9 prescriptions and I have contacted other
10 pharmacies in the area where I was practicing
11 to indicate that X and such person may be
12 trying to do X and such receipt of a
13 prescription.

14 Q. Now, when a red flag is present,
15 does a pharmacist have to refuse to fill the
16 prescription?

17 A. With due diligence and assessment,
18 the pharmacist shouldn't fill the
19 prescription, no.

20 Q. Will something be a red flag in
21 one instance and perhaps not in another, like
22 the example of traveling long distance?

23 MR. ELSNER: Objection.

24 A. There might be an instance where
25 somebody is visiting a relative 200 miles away

1 from home and they're in a situation where
2 they need to have a medication filled, so that
3 red flag wouldn't have the prominence of
4 somebody that's just doing this to obtain the
5 drug, period.

6 Q. And in that instance should the
7 pharmacist dispense the opioid medication?

8 A. With due diligence and analyzing
9 the situation thoroughly, talking with the
10 patient, assessing why they are getting the
11 prescription, where they're getting the
12 prescription, that can eliminate the
13 importance of that red flag.

14 Q. And do pharmacists have to use
15 their independent judgment in evaluating what
16 is a red flag and how to handle it?

17 A. Pharmacists have the ability to be
18 able to do that. For example, in the state of
19 Ohio any pharmacist in any practice
20 environment can refuse to fill that type of a
21 prescription if they feel that it shouldn't be
22 filled.

23 Q. Do you agree that pharmacists have
24 to employ clinical judgment and individualized
25 patient-centered decision-making in dispensing

1 opioids?

2 MR. ARNOLD: Objection. It's
3 beyond the scope.

4 A. Pharmacists use their clinical
5 judgment each and every minute of each and
6 ever hour of the practice time that they're in
7 their role as a pharmacist.

8 Q. Is knowledge of pharmacy
9 regulations that you've talked about in your
10 report essential to being able to interpret
11 the Ohio Board of Pharmacy surveys?

12 MR. ELSNER: Objection.

13 A. They're related. They are
14 intertwined.

15 Q. And, in your opinion, does someone
16 with survey expertise also need expertise in
17 the survey subject matter to be able to
18 interpret the results of the survey?

19 A. My assessment is if somebody is
20 evaluating a survey as an external reviewer,
21 if they don't know specific components of that
22 particular survey design and methodology, they
23 need to find out what that is through their
24 own research before they make any type of a
25 judgment.

1 Q. What do you mean by design and
2 methodology here when you say that?

3 A. Okay. In my estimation,
4 Dr. Selzer did not look completely at why this
5 Ohio Board of Pharmacy was being done. She
6 didn't analyze the conduct of what it was
7 being done for. She didn't understand
8 anything about the practice of pharmacy. She
9 didn't go into a pharmacy to see how it was
10 practicing in a specific location. In order
11 to make an evaluation -- this is my
12 estimation. In order to make an evaluation of
13 a survey in that particular environment, you
14 need to find out all that you can to get more
15 educated on what the survey was designed to
16 do, how the items were collected, and how the
17 results were going to be used.

18 Q. And her reliance on the stated
19 purpose of the Board of Pharmacy surveys was
20 insufficient in your opinion?

21 MR. ELSNER: Objection.

22 A. It was insufficient because she
23 didn't know anything about the practice of
24 pharmacy.

25 Q. And is knowledge of all the

1 regulations and laws pertaining to dispensing
2 and pharmacy practice necessary to be able to
3 interpret the survey results or just some of
4 the laws and regulations?

5 MR. ELSNER: Objection.

6 A. I think it's in some cases totally
7 irrelevant. If you consider the fact that
8 workplace conditions are going to impact each
9 of the items that were in Table 1 that we
10 referenced earlier in my report, that's what's
11 important.

12 Q. Can you explain that to me?

13 A. Okay. Can we go to that
14 particular table in my report?

15 Q. Sure.

16 A. Table 1. It's on page 32, okay.
17 And if you go down each of these items that
18 are listed, these are not some that you can
19 say, well, I'm going to do the first five but
20 I don't need to worry about the next five.
21 When you're in a practice environment, when
22 I've been in a practice environment, each and
23 every one of these impacts what I do and how I
24 do it. They're vitally important to be able
25 to practice in a safe environment.

1 And, again, let me point out this
2 is not to make me feel better about what I'm
3 doing. That's not my purpose as a pharmacist.
4 My purpose as a pharmacist is to provide safe
5 and appropriate care for the most important
6 person in this process. It's not me. It's
7 not the physician. It's not the supervisor
8 that I report to. It's not my general
9 manager. It is the patient. And if you don't
10 have these in play, you're not going to be
11 able to help the most important person in this
12 equation, and that's the patient that you're
13 supposed to be providing safe, efficient and
14 appropriate care for.

15 Q. Are you saying that the results of
16 this survey speak to each of those categories
17 in that table as to whether or not the
18 respondents had sufficient time or ability to
19 conduct their required tasks?

20 A. To answer that question, I'm going
21 to look at what the responses that were Likert
22 scale items showed. I'm looking at some of
23 the demographic items that were indicated,
24 whether your practice site was in an
25 institution, a chain or food market-based

1 pharmacy, how many hours a week did you work,
2 how long have you worked in that environment.
3 Okay. You take those factors and you combine
4 them with the verbal responses and you look at
5 what's required in Table 1 -- this is not an
6 all-inclusive listing. This is just some that
7 I wrote down, all right. But you can't do
8 your practice as a pharmacist if these items
9 are not appropriately available to be
10 practiced in a safe and appropriate
11 environment for a pharmacist.

12 Q. So, in your opinion, the survey
13 results spoke to each of these tasks that
14 you've written down here in Table 1?

15 MR. ELSNER: Objection.

16 A. If you look at the totality of the
17 surveys and the survey responses, I'm
18 reiterating that both the verbal responses
19 that were written, combined with the responses
20 that were tabulated in the Likert scale
21 component and the work environment, indicate
22 that these have a major impact on pharmacy
23 practice in the state of Ohio regardless of
24 where you practice.

25 Q. So from your review of those

1 demographics and survey results and written
2 results and Likert scale, are you able to say,
3 for instance, that the pharmacists who
4 responded were unable to monitor, inventory
5 and place orders to avoid shortages?

6 A. I would respectfully request that
7 you just don't look at one of these items.
8 They're not mutually exclusive items. They
9 are additive. You can't look at one without
10 looking at the other 15. You have to look at
11 them in total.

12 Q. Okay. So same question. Can you
13 look at the survey results, the comments, the
14 demographics, the Likert scale results and
15 make the determination that pharmacists are
16 saying they cannot do any of the 15 things
17 that you put in Table 1?

18 MR. ELSNER: Objection.

19 A. To me it's not relevant whether
20 they can do one or two or three of these.
21 Some of these come into play each and every
22 time they dispense one medication. Some of
23 them have applicability to only certain
24 medications.

25 If you look at, for example, the

1 last four items, ability to focus, ability to
2 take breaks, 12-hour plus shifts, no
3 requirement for working unpaid hours, those
4 impact every single thing that you do as a
5 practicing pharmacist.

6 If you go back and look at
7 specific ones, like opioids, and the adequate
8 time to accurately verify prescriptions in the
9 second series of rows, that's pertinent to
10 opioid dispensing, okay, but you can't
11 appropriately take care of that one that I
12 just talked about if you don't have the
13 ability to focus, you can't take a break, if
14 you can't go to the bathroom for crying out
15 loud, and you work 12-hour shifts. That's
16 absolutely unbelievable that somebody works
17 that many hours. I don't care how bright you
18 are. I don't care how efficient you are. The
19 stress, strain and mental toll that that has
20 on people is incalculable.

21 Q. Can you go to page 14 of your
22 opinion? In the last sentence on that page,
23 leading into page 15, you talk about
24 pharmacists fulfilling controlled substance
25 obligations, and you state that "to suggest

1 that patient safety does not encompass filling
2 dangerous opioid prescriptions ignores why and
3 how pharmacists protect patients."

4 Do you see that?

5 A. Yes.

6 Q. When you read Dr. Selzer's
7 opinion -- report, is she suggesting in her
8 report that patient safety does not encompass
9 filling certain prescriptions?

10 MR. ELSNER: Objection.

11 A. That's not what she said.

12 Q. Okay. Isn't she just saying that
13 you can't take the results of the survey and
14 draw conclusions about opioid dispensing from
15 them? That's her opinion, correct?

16 MR. ELSNER: Objection.

17 A. I think her opinions are invalid
18 because she doesn't have any idea what it is
19 that she was assessing. She didn't have any
20 understanding what a pharmacist was. She
21 didn't have any understanding what pharmacists
22 do. She hadn't been in a pharmacy to see what
23 their workplace environment is. And I don't
24 think you can evaluate something unless you
25 have a thorough understanding of what it is

1 you're supposed to be evaluating. And, again,
2 I'm not trying to denigrate her ability as a
3 pollster. She's nationally recognized, isn't
4 she? But as to her ability, background to
5 analyze a pharmacy or pharmacy component, she
6 doesn't have the backroom -- background --
7 excuse me -- experience or she didn't take the
8 time to look at what she was supposed to look
9 at in order to assess what was going on in
10 this survey.

11 Q. But your opinion is that you can
12 draw conclusions about opioid dispensing from
13 these questions and results, right?

14 A. Yes, I can.

15 Q. Are you able to tell from the
16 survey that pharmacists are receiving
17 prescriptions for opioids that are not
18 legitimate?

19 MR. ELSNER: Objection.

20 A. I can't make that assessment
21 unless I look at each and every prescription
22 that was presented for proper filling. What
23 can I -- what I can look at is the general
24 environment that these pharmacists were
25 expected to practice in, not being able to

1 take a break, not being able to go to the
2 bathroom for crying out loud, you don't have
3 time to eat. What if someone has diabetes and
4 they can't take a break or they can't eat?
5 How does that impact their metabolic state?
6 So those factors impinge directly on how they
7 can do what they're supposed to do in a safe
8 and effective environment, including the
9 dispensing of opioid and opioid prescriptions.

10 Q. Are you able to tell from this
11 survey that pharmacists are filling opioid
12 prescriptions without conducting due
13 diligence?

14 A. What I'm saying is based upon the
15 responses of pharmacists, they feel they don't
16 have time to do what they need to do to take
17 care of their patients that they're
18 responsible for taking care of, and that would
19 include opioid dispensing and opioid
20 prescriptions for patients. They simply don't
21 have the time to do lots of things, including
22 due diligence of monitoring opioids and opioid
23 prescriptions.

24 Q. But you can take the results of
25 this survey and state that the pharmacists who

1 responded are filling opioid prescriptions
2 without conducting due diligence?

3 MR. ELSNER: Objection.

4 A. I can't make that statement and
5 that's not the purpose of my evaluation of the
6 surveys.

7 Q. Are you able to tell from this
8 survey that pharmacists are dispensing opioid
9 prescriptions that are not for a legitimate
10 medical purpose?

11 MR. ELSNER: Objection.

12 A. I can't specifically state that,
13 but what I can see is there's a work
14 environment that makes lots of things unsafe,
15 including dispensing opioid prescriptions. It
16 also includes monitoring patients, counseling
17 patients, preparing vaccinations for
18 administration, administering the
19 vaccinations, monitoring the patient after
20 they get a vaccination. It's a combination of
21 several things that can potentially lead to
22 problems with all kinds of medications that
23 are being dispensed.

24 Q. Not just opioid dispensing but
25 everything that falls under the duties of a

1 pharmacist are impacted, correct?

2 A. That's correct.

3 And I make that assessment based
4 upon the Likert responses as well as the
5 verbal responses that were presented.

6 Q. If you were designing a survey to
7 pharmacists to find out about conditions
8 specific to dispensing opioid medications,
9 would you use these questions or would you use
10 questions that specifically talk about
11 opioids?

12 A. I would look at specific questions
13 that were focused on opioids and opioid
14 dispensing. If that was the purpose of the
15 study, I would, first of all, look at what's
16 been done before, why am I doing the study,
17 what questions am I going to ask, have these
18 types of questions been asked by other
19 researchers. If they have, can I get their
20 approval and permission to reuse those
21 questions in a survey that I want to do? And
22 then focus my responses to the data collected
23 based upon what it is that I was intending to
24 do.

25 Q. You agree with me --

1 A. That's how I would design that
2 study.

3 Q. You agree with me that that was
4 not the purpose of the Ohio Board of Pharmacy
5 surveys, right?

6 MR. ELSNER: Objection.

7 A. That was not the purpose of the
8 Ohio Board of Pharmacy surveys.

9 Q. Can you look at page 15, footnote
10 61? And this footnote is in reference to
11 Dr. Selzer's report where she ran some search
12 terms in the survey results and found
13 relatively few mentions of opioids and some
14 related terms, and you note in that footnote
15 that she did not run search terms for OARRS or
16 PDMP, which also implicate controlled
17 substances, correct?

18 A. Yes.

19 Q. Did you run these search terms in
20 the results of the pharmacy surveys?

21 A. I did, but I can't tell you what
22 those factors were because I didn't include it
23 in my report.

24 Q. Do you recall whether or not there
25 were significant mentions of both of those?

1 A. Again, Ms. Wohl, it wouldn't be a
2 quantitative assessment on my part. I would
3 look from a qualitative standpoint of what
4 each individual said in response to this
5 component and then see what perhaps an issue
6 might be that needs to be addressed. It
7 wouldn't matter how many times it was
8 indicated. If it was indicated once, that's
9 all I would need to see from a qualitative
10 review standpoint.

11 Q. The significance of the terms that
12 are related to opioids that she ran, and also
13 OARRS and PDMP, is that if they appeared at
14 all, that is of significance in terms of
15 dispensing opioids in your opinion; is that
16 right?

17 MR. ELSNER: Objection.

18 A. What would be important to me
19 would be considering those specific
20 qualitative components in addition to the
21 other things that were indicated in responses,
22 either the Likert scale items, the demographic
23 items that were collected or the written
24 responses that were provided.

25 Q. Let me ask one more question or

1 two more questions before we take a lunch
2 break here.

3 If you could turn to page 26. The
4 paragraph that starts out "Like the Ohio
5 survey." Here you're talking about the
6 Missouri survey, and your second sentence
7 there says, "Yet, some pharmacists recognized
8 that the workload pressures they face impacted
9 their ability to dispense controlled substance
10 safely." Are you talking about the responses
11 in the Missouri survey in that sentence?

12 MR. ELSNER: Objection.

13 A. Both the surveys.

14 Q. Okay. You didn't cite anything
15 there. Can you point me to the specific
16 pharmacist responses that you're talking
17 about?

18 A. Again, it is in reference to
19 general assessment of workplace safety, the
20 pressures that they're under, the stressors
21 that they're under, the staffing that they
22 have, the inappropriate and insufficient
23 training of the staff that they have. That is
24 part of the workload pressure that has no
25 doubt impact upon dispensing any product

1 safely, including opioids or controlled
2 substances.

3 Q. So you're not saying here the
4 pharmacists specifically recognized pressures
5 impacting dispensing controlled substances,
6 they just generally recognize workload
7 pressures that impact everything about their
8 pharmacy practice?

9 A. What you just stated most
10 definitely impacts everything that they do
11 from a practice standpoint, including the
12 proper monitoring and dispensing of controlled
13 substances.

14 Q. So, again, just to understand this
15 sentence, you're not stating here in this
16 sentence that respondents recognize workload
17 pressures specific to their ability to
18 dispense controlled substances safely, are
19 you?

20 MR. ELSNER: Objection.

21 A. I'm talking about their ability to
22 dispense anything, but when we're talking
23 about controlled substances, that has an added
24 weight to it.

25 Q. Okay. So you put controlled

1 substances in there as an example, not as what
2 they're specifically recognizing?

3 A. It's one example, but it's a
4 really important example because of what can
5 happen if they're not appropriately monitored.

6 Q. Okay. Just wanted to make sure I
7 understood that.

8 MS. WOHL: Can we go off the
9 record?

10 THE VIDEOGRAPHER: Off the record,
11 12:07.

12

13 (Luncheon recess taken.)

14

15

16

17

18

19

20

21

22

23

24

25

1

- - - - -

2

AFTERNOON SESSION

3

THE VIDEOGRAPHER: On the record,

4

12:46.

5

CONTINUED EXAMINATION OF

6

JACK E. FINCHAM, Ph.D.

7

BY MS. WOHL:

8

Q. Welcome back, Dr. Fincham.

9

A. Thank you.

10

Q. I would like to start off our

11

post-lunch session with going back to the

12

purpose of the survey, which I think we've

13

said a few times, which is to assess the

14

general workload and work conditions at Ohio

15

pharmacies. Is there anything about that I

16

didn't get right?

17

A. No. You did.

18

Q. Now, you mentioned a couple of

19

times this morning the comment about the one

20

pregnant woman working 40 plus hours, and I

21

understand that is upsetting, but can you say

22

that that is a general working condition at

23

pharmacies in Ohio?

24

MR. ELSNER: Objection.

25

A. That was specific to that

1 individual's complaints, but, Ms. Wohl, if you
2 would look at other verbal comments talking
3 about the lack of breaks as being a real
4 important factor in their work satisfaction,
5 if you look at how they -- many people,
6 including some Kroger pharmacists, talked
7 about the negativity of metrics; having to
8 have certain constraints placed upon how they
9 can practice in a safe and effective
10 environment; the number of vaccines that they
11 had to give; the number of MTMs, medication
12 therapy management consultation, that they
13 have to provide. In some cases in my mind
14 that just doesn't make sense, to put a time
15 limit. When I've done MTMs, when I've done
16 medication therapy management evaluation, it
17 takes me at least 30 minutes per patient, so
18 if you have that as a determining metric, it's
19 going to compound things.

20 So it wasn't just that one
21 individual talking about her break situation.
22 There were lots of other comments from many
23 other pharmacists, and some of the pharmacists
24 didn't say that they worked at Kroger but no
25 doubt there were others that didn't list their

1 practice site that were Kroger pharmacists
2 that expressed those concerns.

3 Q. Okay. So is it your opinion,
4 sitting here today, that it is a general
5 working condition at Ohio pharmacies that
6 pharmacists are not provided with adequate
7 breaks?

8 MR. ELSNER: Objection.

9 A. It depends upon the particular
10 practice environment. And if we look at the
11 wide range of respondents to both of these
12 surveys, there were pharmacists that practiced
13 in an institutional setting that didn't have
14 that concern, there were pharmacists in an
15 independent practice setting that didn't have
16 those concerns. So there were some situations
17 where that was presented as being a real issue
18 and a dramatic influence on their ability to
19 practice, but it would depend upon the
20 particular focal point of what you're
21 examining, and that came through in the
22 different demographic components of practice
23 sites that came through in the study.

24 Q. Is it a general condition at large
25 chain grocer pharmacies that pharmacists do

1 not have adequate breaks in Ohio?

2 A. Based upon what the survey results
3 were, I would answer that question yes, it's a
4 major concern. It's not just grocery store
5 pharmacies. It's major chain pharmacies
6 total.

7 Q. If we could just be clear. I
8 didn't ask major concern. I'm asking if it's
9 a general condition.

10 MR. ELSNER: Objection.

11 A. And I guess I'm saying it's a
12 major concern because if it's a general
13 condition, to me that's majorly concerning.

14 Q. So then the answer is yes, it
15 is -- you can say it is a general condition at
16 large chain grocers that pharmacists in Ohio
17 do not have enough breaks, time for breaks?

18 MR. ELSNER: Objection.

19 A. I can't make that -- that
20 statement.

21 Q. So you find it concerning but you
22 can't say it is a general condition?

23 A. Okay. What I'm trying to say,
24 Ms. Wohl, is if you look at this from a
25 quantitative standpoint, you're looking at a

1 number X or a number Y; if you look at it from
2 a qualitative standpoint, if it impacts 10
3 percent or 20 percent of large chain store
4 grocery pharmacies, that's a significant
5 impact in my estimation.

6 Q. Is it a general condition?

7 MR. ELSNER: Objection.

8 A. I don't know if it's a general
9 condition or not, but it's a concerning factor
10 to me.

11 Q. Okay. You have criticized
12 Dr. Selzer as being unqualified to offer
13 analysis of the Ohio Board of Pharmacy
14 surveys. My question to you is what
15 qualifications does somebody need to have to
16 form an opinion on these surveys or analyze
17 the results and methodology?

18 A. If they don't have a particular
19 expertise in a defined area, such as pharmacy,
20 before they evaluate a survey to assess
21 pharmacists and workplace safety, they need to
22 do what they can do to try to get familiar
23 what the environment is, what is the major
24 concerns that might be apparent when you
25 consider the practice environment. So you

1 don't have to be a pharmacist to be evaluating
2 a particular survey. You have to have someone
3 that at least has an appreciation of what
4 pharmacy is and what the impacts might be on
5 patient safety. And so if you look at -- if
6 she would have done research based upon what
7 were the other studies that have been done,
8 what did they show, what did they examine,
9 what kinds of questions did they ask, why did
10 they ask those questions, that gets at the
11 point of why this particular study was done in
12 the first place. So I examined what they
13 wanted to look at, how they would ask the
14 questions and what they were going to do with
15 the results.

16 Q. I heard a couple of different
17 answers to my question so I want to pinpoint
18 what it is I'm looking for here. The
19 qualifications that you believe somebody needs
20 to have to form an opinion on these surveys,
21 analyze the results, the methodology, I heard
22 you say an expertise in pharmacies and then I
23 heard you say an appreciation of what pharmacy
24 is and patient safety.

25 A. I don't think you have to have an

1 expertise in pharmacy to do the evaluation. I
2 think you have to have an understanding of
3 what the practice environment is and what
4 factors may impinge upon the safe practice in
5 that environment. You don't have to be a
6 pharmacist, but you have to have perhaps a
7 perception of what the concerns are based upon
8 what other studies have shown, what other
9 studies have examined, those types of things.

10 Q. Will you give me some specifics
11 about the qualification that you stated of an
12 understanding of practicing pharmacy and the
13 factors involved? What would somebody need to
14 do to become an expert or to have the
15 qualifications that we're talking about here?

16 A. What is the practice environment
17 that you're examining? What are the
18 responsibilities within that practice
19 environment? So if you don't know much about
20 institutional pharmacy practice, can you
21 shadow a pharmacist in that environment to see
22 what it is he or she does? The same thing in
23 a chain setting or a food market-based
24 pharmacy. Just spend some time to try to get
25 an appreciation of what factors are impacting

1 how that individual does their due diligent
2 responsibility to make sure the patients are
3 safe.

4 Q. And, in your opinion, to be
5 qualified to draw conclusions on these
6 surveys, you would have to either be a
7 pharmacist or shadow a pharmacist; is that
8 fair?

9 MR. ELSNER: Objection.

10 A. That's not what I'm saying at all.
11 I'm simply saying if you shadow a pharmacist,
12 you might see what it is that they are doing
13 and what they need to do. You don't have to
14 be an expert on examining what it is that they
15 do. You just have to have an appreciation of
16 what's involved and what that means.

17 Q. Okay.

18 A. Let me give you an example. What
19 about metrics? So when you perhaps go into a
20 food market-based pharmacy and see that they
21 have to have so many vaccinations within a
22 defined period of time, ask them what they're
23 supposed to be doing in order to get approval
24 from their management.

25 Q. What I'm trying to understand is

1 the qualifications that you believe are
2 required to form an opinion on these.

3 A. I would state it as qualifications
4 more than just simply an understanding of what
5 it is that's being examined.

6 Q. So when you say Dr. Selzer is
7 unqualified to offer opinions on this survey,
8 what you're saying is she doesn't have the
9 requisite understanding of the subject matter?

10 A. That's correct.

11 Q. And specifically the pharmacy
12 subject matter, not the survey subject matter,
13 right?

14 MR. ELSNER: Objection.

15 A. It's the pharmacy subject matter,
16 which was the purpose of doing the survey in
17 the first place.

18 Q. So when you are forming opinions
19 on the survey, are you using any of your
20 expertise related to surveys or are you just
21 relying on your pharmacy expertise?

22 A. I'm using all of the above. I'm
23 looking at what types of surveys I'm familiar
24 with, what I've done in the past, how I've
25 looked at others when they have viewed their

1 research components. So that comes into play.
2 But an additional factor is I've practiced in
3 environments that have been stressful where
4 there have been lots of impacts of what I do
5 and how I do it. So that, in effect,
6 supplements my questionnaire and survey
7 research methodology with having some
8 understanding of exactly what's going on in a
9 particular pharmacy environment.

10 Q. Of all the prior surveys that you
11 have experience in designing or analyzing, how
12 many of them have been field studies?

13 MR. ELSNER: Objection.

14 A. If you would look at the 70
15 studies that I talked about, the -- that have
16 specific full sight on questionnaire and
17 survey research, probably 15 of those 70 were
18 field-type studies. And to elaborate, those
19 field-type studies were utilizing a service
20 that was available at the University of
21 Georgia called the Georgia poll. And the
22 Georgia poll I used at least 15 times to
23 assess, in a field framework, what the lay of
24 the land might be.

25 For example, I looked at physician

1 assistants; I looked at individual's choice of
2 using meta clinics, when those first came into
3 play as an alternative to going to a
4 physician's office or an emergency room. So
5 the Georgia poll was focused on field-type
6 studies that weren't defined numbers and
7 percentages of people but were individuals
8 that were utilized in numerous instances by
9 numerous researchers at the University of
10 Georgia through what was called the Georgia
11 poll.

12 Q. Would you consider yourself
13 unqualified to analyze survey results and
14 methodology that were in a subject outside of
15 pharmacy and medicine?

16 MR. ELSNER: Objection.

17 A. I would disagree with that because
18 I've examined other types of environments that
19 weren't specific for pharmacy per se or
20 medicine per se.

21 To give an example or two, I've
22 looked at managed care organizations, and so
23 I'm not an expert on the ins and outs of
24 everything about managed care, but I used my
25 survey research analytical methodology to look

1 at how I could examine several topics within a
2 managed care environment. And I did the same
3 thing from a public health point of view in
4 public health studies that I did. So they're
5 not disparate as far as A is never equal to B,
6 but public health is certainly a part of the
7 healthcare system, but I used expertise and
8 knowledge that I gained over the years through
9 research -- and I've, fortunately, had the
10 ability to do other types of research
11 endeavors -- to look at things that I don't
12 necessarily have everything that I need to
13 know about before I go into it. I study it
14 very intently before I even attempt to do it.

15 Q. Would you be able to look at a
16 survey that didn't have anything to do with
17 your pharmacy, medical, healthcare knowledge
18 and be able to offer an opinion on the
19 methodology and the design of that survey?

20 A. I feel that I could, yes. And if
21 I could give a rationale for doing that. One
22 of the major references that I've used for 40
23 years is a series of books, articles and
24 treatises that have been written by a man
25 named Donald Dillman. Donald Dillman is an

1 esteemed professor of sociology at the
2 University of -- excuse me, at Washington
3 State, and I've cited him in the report that I
4 provided. But Dr. Dillman's field of study is
5 sociology, okay, but his techniques for
6 analyzing a potential survey focus is what
7 I've used in the course of my studies. So I
8 don't have to be an expert in everything, but
9 I do have to have an understanding and
10 appreciation of what it is I'm trying to
11 assess and whether I have the ability to do
12 that before I even start to assess it.

13 Q. Do you think that the COVID
14 pandemic put more pressure on pharmacists and
15 made their jobs more difficult?

16 A. I think as a general rule, it made
17 everybody's job more difficult, but it
18 impacted healthcare professionals to a
19 significant degree, yes.

20 Q. Is it possible that those
21 additional pressures were in the minds of
22 pharmacists when they responded to this Ohio
23 Board of Pharmacy survey?

24 A. I think, again, you have to look
25 in total appreciation of what pharmacists have

1 to deal with, not only the COVID component
2 with vaccinations, but the additional
3 vaccinations that they provide, and most
4 pharmacies now provide 15 or 20 different
5 types of vaccinations. So COVID was crucial,
6 it was important, and it added to the
7 pressure, but those pressures were in
8 existence long before COVID came into play,
9 and that's been documented in the literature
10 going back to the 1960s.

11 Q. Is it possible to know whether the
12 respondents to the survey were thinking about
13 COVID or opioid dispensing when they answered
14 the questions about patient safety and working
15 conditions?

16 MR. ELSNER: Objection.

17 A. Well, I think they considered all
18 of the factors when they answered these
19 questions.

20 Q. And some of them specifically
21 commented about COVID and the pandemic, right?

22 A. Yes, they did.

23 Q. So we know that some pharmacists
24 were thinking specifically about COVID when
25 they took the survey, right?

1 A. I think you would have to have
2 that in the back of your mind. Some
3 pharmacists responded very positively about
4 their work environment. It wasn't all a
5 negative compilation of problems. There were
6 people that were very satisfied with their
7 work environment and had a very good
8 understanding of what patient safety meant
9 where it is that they practiced. Again, you
10 can't overgeneralize because there are a wide
11 range of responses that were provided.

12 Q. You can't overgeneralize the
13 responses and generalize them to the working
14 conditions at all Ohio pharmacies, right?

15 MR. ELSNER: Objection.

16 A. That wasn't the intent or purpose
17 of the survey. The survey wasn't to do any
18 kind of generalization. It was just to do an
19 assessment of what the factors are from the
20 perception of a pharmacist. And I think one
21 of the real positive components of this survey
22 and this whole methodology was it was
23 conducted by the Ohio Board of Pharmacy --
24 excuse me. And the Ohio Board of Pharmacy has
25 oversight over each and every pharmacist and

1 pharmacy that was represented in the study
2 sample, so that gives a lot of validity to
3 pharmacists viewing how they were going to
4 respond. They were hoping that what they were
5 going to say might make a difference in the
6 outcomes of how they practice their
7 profession.

8 Q. Is that an assumption that you're
9 making or is that part of a scientific method
10 in analyzing surveys?

11 A. It's a funded scientific method.
12 You're looking at who is doing the survey, why
13 does that individual or individuals or
14 organization that is doing the survey have
15 some credibility with who they're asking the
16 questions of, does it gives some validity and
17 reliability to the results that you find, and
18 I think in this case it certainly does.

19 Q. Are you relying on any evidence
20 that suggests that a regulatory body issuing a
21 survey is going to garner more valid or
22 truthful responses from the survey
23 participants than another organization would?

24 A. I think that if you look at the
25 studies that have been done that have been

1 published in the literature, those that come
2 from that type of organization have an
3 enhanced validity associated with them.

4 Q. You say that Dr. Selzer is not a
5 pharmacist and doesn't have pharmacy
6 expertise, but you agree that she was not
7 asked to provide an opinion on the operation
8 of pharmacies, right?

9 MR. ELSNER: Objection.

10 A. But if she was to evaluate a
11 survey that was done to look at pharmacy
12 working conditions, she didn't have to be a
13 pharmacist, she didn't have to have pharmacy
14 expertise, but she should have had some type
15 of an appreciation of what the workplace
16 environment was for the different type
17 pharmacists that were going to be surveyed in
18 this particular series of surveys.

19 Q. Did you get from her report that
20 her opinion was that opioid dispensing is not
21 part of the practice of pharmacy? Does she
22 say that somewhere?

23 MR. ELSNER: Objection.

24 A. I don't believe she said that in
25 her report, no.

1 Q. And she wasn't asked to look at
2 the responses and decide whether or not she
3 thought they were concerning, did she -- was
4 she?

5 MR. ELSNER: Objection.

6 A. She should have looked at who was
7 being asked these questions, where they
8 practice, what the different types of practice
9 environments were. And it wouldn't take
10 somebody a month to do this, okay. It would
11 have taken a very defined short period of time
12 to at least get an assessment of what's the
13 metric, how does the metric impact what it is
14 that you do, what does the Ohio Controlled
15 Substance reporting system -- what does that
16 do, why is that in place. You wouldn't have
17 to spend a month doing it. You should at
18 least have an appreciation of what the
19 questions were being asked for and what the
20 respondents might be responding as a basis for
21 their responses.

22 Q. You just told me what you think
23 she should have done, but what I asked you is
24 she wasn't asked to look at the responses and
25 decide whether or not she thought they were

1 concerning, was she?

2 MR. ELSNER: Objection.

3 A. She was asked to evaluate the
4 survey, okay, and if she was asked to evaluate
5 the survey, she should have taken the
6 initiative to find out what it is that was
7 being sought in the survey, and she did not do
8 that.

9 Q. She wasn't asked to form any
10 opinions about what metrics are and what it
11 means that pharmacists said metrics impact
12 patient safety, was she?

13 MR. ELSNER: Objection.

14 A. She wasn't asked that, but when
15 she read the responses that dealt with
16 metrics, why didn't she look at what a metric
17 is, why didn't she ask pharmacists how metrics
18 impact what they do and how they do it? She
19 didn't take any effort to find out what that
20 concept meant, period.

21 Q. And that would be part of a
22 methodology in understanding your survey
23 design?

24 MR. ELSNER: Objection.

25 A. In my estimation, that's what she

1 should have done if she was going to evaluate
2 the worth, benefit and efficacy of a survey
3 that she was supposed to evaluate on its net
4 worth.

5 Q. Was she evaluating it from a
6 pharmaceutical perspective or was she looking
7 at it from purely a survey expertise and a
8 survey design?

9 MR. ELSNER: Objection.

10 A. She was looking at this as a
11 pollster. She didn't have the expertise in
12 survey research to do what she was asked to
13 do. That doesn't mean that she isn't an
14 absolute authority on political polling. That
15 wasn't what she was asked to do. She was
16 asked to do something that she didn't have any
17 expertise in. Before she responded that she
18 was going to do it or if she did do it, she
19 should have at least found out what are the
20 issues that might be impacting what it is this
21 survey is seeking to find.

22 Q. Page 19 of your report -- if you
23 can go there -- you state that, "Where
24 difficult questions exist over whether to
25 dispense a controlled substance, corporate

1 pharmacy policies and expectations in large
2 chains conflict with pharmacists'
3 corresponding responsibilities and due
4 diligence duties"; is that right?

5 MR. ELSNER: Can you just tell us
6 where you're at? Sorry.

7 MS. WOHL: Yeah. One second.

8 In the middle of that first full
9 paragraph, the question starts "Where
10 difficult questions exist."

11 MR. ELSNER: Thank you.

12 Q. And you bring in pharmacy policies
13 and expectations.

14 Do you see that?

15 A. Yes, I do.

16 Q. What corporate policies are you
17 talking about here?

18 A. Talking about metrics. How
19 quickly do you have to dispense a prescription
20 within tenths of a second, how many
21 prescriptions do you have to dispense in a
22 particular period of time, and are you
23 rewarded or not rewarded based upon how well
24 you meet these assigned capabilities that are
25 put on you by a national chain such as Kroger,

1 whose responsibilities and requirements don't
2 change from Ohio to Pennsylvania. They're
3 exactly the same from state to state to state.
4 So those expectations for metrics, for making
5 sure that you have some people out the door
6 within a defined period of time, that directly
7 conflicts with pharmacists' due diligence
8 capabilities.

9 And it got to the point in some of
10 the responses from the Kroger pharmacists that
11 they had to alter their data to make it appear
12 like they were doing better than they were
13 supposed to be doing. There was pressure at
14 the corporate level to do that. That is
15 unbelievably unethical to put that kind of
16 pressure on a pharmacist, because if something
17 happens and that is found out, who's going to
18 be nailed? It's going to be the pharmacist
19 that's going to be nailed. They did this
20 wrong. They did that wrong. If somebody is
21 telling them they have to meet this quota,
22 they have to have this level of -- of
23 satisfaction, if they alter that, that's going
24 to impact everything that they do in the
25 future. They can't even practice their

1 profession if they're -- if they're found out
2 to have done that.

3 So those are the kinds of things
4 that I'm referring to here, to the large chain
5 expectations. It's absolutely unbelievable
6 that you would expect somebody to get rid of a
7 patient, so to speak, within a defined period
8 of time and deal with your next patient. What
9 if somebody in your family is 85 years of age
10 and they take ten medications and they get a
11 new prescription filled? Are you supposed to
12 get them out the door in two minutes without
13 talking to them, listening to them, asking
14 them how you can help them? That's what I'm
15 talking about when I mentioned that in this
16 paragraph.

17 Q. I understand you're upset by these
18 comments. Going back to the purpose of the
19 survey, can you tell by those Kroger-specific
20 comments that that is a general working
21 condition in Ohio?

22 A. If you're looking at me to
23 quantify it and tell you how many did this, to
24 me that's irrelevant, if there's one
25 pharmacist, if there's two pharmacists, if

1 there's ten pharmacists. And it wasn't just
2 Kroger pharmacists that said this. It was --
3 all kinds of other individuals talked about
4 the impediments of metrics, whether you're
5 with Walgreens or CVS, Rite Aid, you name it.
6 It's deleterious. It doesn't matter how many
7 there were. What matters to me is that there
8 were any at all because that's going to impact
9 how you're going to take care of the most
10 important person in all this, and that's the
11 patient.

12 Q. Which corporate policies did you
13 review when you came to this conclusion in
14 that sentence about corporate pharmacy
15 policies?

16 A. I looked at some of the Kroger
17 requirements to get perhaps rated better, what
18 you had to do to get rated better. You had to
19 make visits to physicians. So many had to be
20 done. You had to have so many filled within a
21 defined period of time. You had to give so
22 many vaccinations. This is counterproductive
23 to taking care of patients that need to be
24 taken care of on an individual basis.

25 Q. Did you ask for any additional

1 policies to look at?

2 A. Those are all I needed to see,
3 Ms. Wohl, to see that there was something
4 wrong in the -- in the water.

5 Q. Is there anything --

6 A. I didn't need to see 15 other
7 things. That's all I needed to see was this
8 worksheet that listed how you're supposed to
9 get evaluated better, and the fact that if you
10 didn't do it, you're supposed to make up the
11 data in Kroger to look better.

12 Q. Do you know the date of the policy
13 that you reviewed?

14 A. I don't know the specific date.
15 I'd have to -- I'd have to go through the
16 report to find it.

17 Q. Do you know whether that policy
18 was in place at the time pharmacists responded
19 to this survey?

20 A. I don't know.

21 Q. Would that make a difference in
22 your estimation of these corporate policies?

23 A. It would make no difference
24 whatsoever, because if the policy was in place
25 two years ago, five years ago, ten years ago,

1 the pressure on that pharmacist as they've
2 been in that same environment is still going
3 to be there; how am I being evaluated, is this
4 policy going to change, is it going to alter
5 from year to year or month to month. That's
6 in play, period, regardless of the time.
7 That's important to me.

8 Q. So I understand that you have
9 opinions on Kroger's policies with respect to
10 metrics based on the document that reviewed,
11 the worksheet you're referring to; is that
12 right?

13 MR. ELSNER: Objection.

14 A. It's based on that as well as the
15 verbal comments, the written comments where
16 people talk about how deleterious metrics were
17 to their ability to practice in a safe
18 environment, the added pressure, the added
19 stress, the fact that they couldn't meet these
20 metrics, they couldn't take care of patients.
21 So it was a double negative component.

22 Q. And I take it from your testimony
23 that your opinion is that you agree with those
24 comments made by the couple of Kroger
25 pharmacists about metrics, with respect to the

1 metrics policies; is that right?

2 A. I certainly agree with what they
3 said and how they said it, yes. They had
4 absolutely no reason to lie. They were
5 reporting this to somebody that oversees their
6 ability to practice their profession. Why
7 would they lie about it? They were trying to
8 get help. They were trying to get things done
9 to make things better. Why would they lie
10 about that? Why would so many people lie
11 about that?

12 Q. I'm not asking whether or not you
13 thought they were truthful. I'm asking what
14 your opinion of Kroger's policies are.

15 MR. ELSNER: Objection.

16 A. I think the policies are
17 despicable. They have absolutely no benefit
18 for patients at all.

19 Q. And is there anything else that
20 you would need to review to form a more
21 certain opinion on Kroger's policies?

22 MR. ELSNER: Objection. Vague.

23 A. Ms. Wohl, I would look at the
24 Likert responses on how they feel their
25 practice environment is unsafe, how they don't

1 have the staff that they need, the staff is
2 constantly being diminished, the staff that is
3 hired doesn't have the qualifications. I'm
4 not trying to criticize somebody that doesn't
5 have qualifications. I'm saying you don't put
6 somebody in a position to take care of things
7 if they don't have the qualifications to do
8 that. That's an incredible amount of
9 pressure. Why is that a pressure on
10 pharmacists? Because I don't care how many
11 technicians you have and how capable they are
12 or incapable they are, everything that's done
13 by that technician, responsibility for making
14 sure that is safe, falls on who? It falls on
15 the pharmacist that's there on duty, in charge
16 at that point in time. So they have
17 incredible responsibility for their own
18 actions as well as every action that's done by
19 people that work with them that don't have the
20 pharmacy degree.

21 Q. Do you have any opinions on any
22 other Kroger policies?

23 MR. ELSNER: Objection.

24 A. I sure do.

25 If you have a salary-based

1 employee that has a 40-hour workweek but that
2 individual has to work 60 hours a week without
3 being paid in order to take care of patients,
4 there's something wrong with that policy. If
5 you have somebody that is filling 300
6 prescriptions in a defined period of time
7 without help or assistance and you can't get
8 additional staff, you can't get additional
9 support, I certainly feel that that's an
10 inappropriate policy. It doesn't matter if
11 it's focused simply on Kroger's. It's CVS.
12 It's Walgreens. It's Rite Aid. Pick your
13 favorite chain. That's what the problem is.
14 People are not getting the care that they need
15 in pharmacies. But if you're looking at
16 Kroger specifically, having that kind of a
17 policy in place makes no sense whatsoever for
18 patient safety, which is what Kroger is
19 supposed to be all about. It flies in the
20 face of what their, quote, unquote, focal goal
21 is.

22 Q. Where are these policies you're
23 talking about?

24 A. The policies were expanded upon by
25 individual pharmacists, okay. It might not be

1 a written policy, but if you're a pharmacist
2 and you're trying to take care of patients and
3 you can't do it within 40 hours but you have
4 to do it in 60 hours, I don't care if Kroger
5 has a policy or not. If that's the
6 expectation, that you want to take care of
7 people in a safe environment, you're going to
8 do it until you just can't do it anymore. So
9 if you have somebody that's salary and they
10 work extra, pay them overtime, don't diminish
11 the staffing. And many, many of the Kroger
12 pharmacists talked about diminished staffing,
13 cutting back on staff, inability to get extra
14 help. That is to me -- whether or not it's a
15 written policy, it's a policy that people had
16 to abide by.

17 Q. So you are looking at the survey
18 comments with respect to Kroger and
19 interpreting those as Kroger-wide policies?

20 A. I'm looking at individual
21 responses that Kroger pharmacists made about
22 metrics, and those individual comments -- I
23 don't care if there were ten or 20 or 30, if
24 there were five of them, if there were four of
25 them, that indicates to me a concern.

1 Q. Does it indicate a corporate
2 policy?

3 A. If people have metrics that they
4 can't abide by but they're imposed upon them,
5 that's a corporate policy. You have to have
6 metrics in order to be evaluated positively.
7 And if you don't have those metrics, you're
8 supposed to make them up to look like you're
9 better than you actually are.

10 Q. I understand your opinion on
11 Kroger's metrics, what you assume them to be,
12 but you mentioned two other policies, and one
13 is somebody having to work a 60-hour workweek
14 and another of somebody filling 300
15 prescriptions without staff. What policies
16 are those?

17 MR. ELSNER: Objection. Asked and
18 answered.

19 A. If you have metrics that you have
20 to fill prescriptions within a defined period
21 of time, and you have 300 prescriptions that
22 you have to fill and you don't have the
23 staffing and you don't have the support,
24 there's a policy there that needs to be fixed.
25 And the policy is that you expect people to do

1 too much with too little and do it real quick
2 or you're going to get docked.

3 Q. Drawing these conclusions from the
4 comment section of these surveys, is this
5 typically how you analyze survey results?

6 A. I'm sorry. I didn't quite hear
7 the first part of your question.

8 Q. I said drawing conclusions like
9 these from the survey comments, is this
10 typically how you analyze survey results?

11 A. When I analyze survey results, I
12 look at every part of the survey; how it was
13 constructed, what it was supposed to measure,
14 and what the results are supposed to be used
15 for. So when I looked at the written
16 comments, did they have any validity with what
17 people were saying in their Likert scale
18 responses. So when they talked about unsafe
19 work conditions, not enough staffing, and then
20 you combine that with what I found and read in
21 the verbal comments, it gives credibility to
22 the entire survey. It makes it valid. It
23 makes it reliable. I don't look at these
24 individually as item A or item B. I look at
25 item A plus item B equals what.

1 Q. If you can turn to page 20 of the
2 report. At the top of the page there's a
3 sentence that starts out "Additionally," and
4 you state that "the pharmacy regulations and
5 practice standards apply the same to all
6 pharmacies."

7 Do you see that?

8 A. Yes, I do.

9 Q. What is your basis for this
10 comment?

11 A. Okay. If you look at what the
12 practice standards are for the practice of
13 pharmacy in an institutional setting, in a
14 long-term care setting, in an independent
15 retail pharmacy setting, the environments are
16 different, the practice components might be a
17 bit different, but the expectations regarding
18 regulatory components are the same, that you
19 have things happening in a safe and
20 appropriate manner.

21 Q. You go on to say that "dispensing
22 work flows are similar no matter the
23 pharmacy." What's your basis for that
24 comment?

25 A. I'm sorry. Where do you see that?

1 Q. At the end of that sentence that
2 begins "additionally," the last phrase is
3 "dispensing work flows are similar no matter
4 the pharmacy" on page 20.

5 A. So what's supposed to happen when
6 a prescription is filled, so how is it
7 processed, how is it packaged, how is it
8 delivered to the patient, what is the patient
9 told about the medication. If the work flow
10 expectations for that dispensing is done in a
11 community pharmacy or a chain setting or a
12 food market-based pharmacy or a hospital
13 outpatient setting, those regulations are
14 applicable across the board regardless of what
15 the environment is. Those are state
16 regulations on how pharmacy needs to be
17 practiced in a particular state. It doesn't
18 matter what the environment is.

19 Q. So when you talk about work flow,
20 you're talking about the regulations and the
21 law that pharmacies have to follow when they
22 dispense, right?

23 A. That's correct.

24 Q. And is that also what you're
25 referring to when you talk about the

1 standardization of large chain pharmacy work
2 loads?

3 A. Where do you see that?

4 Q. That's the very next sentence,
5 page 20.

6 A. And I think what I'm referring to
7 there is how the respondents from the Likert
8 scale standpoint responded if they were in a
9 food market-based pharmacy or a large chain
10 environment versus independent pharmacists or
11 institutional practices. So hospital
12 pharmacists wouldn't have this kind of concern
13 and they said I'm glad I don't work in a chain
14 or I'm glad I don't have those constraints. I
15 have this ability to report to a supervisor
16 that there are unsafe working conditions and
17 that supervisor has to deal with the issue
18 rather than have it being ignored like you
19 might see in a chain environment.

20 Q. What's your basis for saying that
21 you would see these concerns ignored in a
22 chain environment?

23 A. Based upon what the verbal
24 responses were and the fact of the Likert
25 scale items where they indicated they didn't

1 have anybody that they could talk to about an
2 issue, A, B, C or D.

3 Q. But we're talking about, when you
4 say that, the respondents were not making
5 generalizations as to all Kroger pharmacies or
6 Ohio pharmacies, right?

7 MR. ELSNER: Objection.

8 A. Again, there are some pharmacists
9 in those pharmacy environments that were
10 perfectly satisfied with what they were doing.
11 I just think that because there was a concern
12 raised, on an average based on percentage of
13 respondents in Likert scale items, then you
14 couple in the verbal responses, that adds
15 validity and reliability to what the survey
16 was doing.

17 MS. WOHL: Can I have the last
18 question I asked read back, please?

19 (Record read.)

20 Q. Could you answer that,
21 Dr. Fincham.

22 A. Again, that's not what I'm saying
23 because some individuals felt that they had a
24 really nice work environment. There was a
25 separation -- you know, regardless of where

1 the individual practiced, they weren't all the
2 same responses.

3 Q. Okay. I think the answer to that
4 question is no, you were not making
5 generalizations. I just wanted to make sure I
6 understood what you were saying.

7 MR. ELSNER: Objection. Strike
8 the colloquy. That's not a question to the
9 witness and that's not what the witness said.

10 Q. Okay. I'll ask you again. Can
11 you generalize the negative comments about
12 Kroger to all Kroger pharmacies?

13 MR. ELSNER: Objection.

14 A. My point is that if some
15 pharmacists in Kroger express this concern,
16 that should be a major concern for Kroger
17 corporate. And, in fact, because of these two
18 studies, the 2021, the 2020 study done by the
19 Ohio Board of Pharmacy, what did Kroger do?
20 They did their own study of their own
21 pharmacists and the similar results were
22 found. So, in my estimation, Kroger felt that
23 this was a significant issue that they needed
24 to look at within their own group of
25 pharmacies and pharmacists only. So whether

1 or not I generalized it, Kroger did. They
2 felt they needed to analyze their environments
3 for their pharmacists.

4 Q. In the next paragraph you quote
5 Dr. Selzer's opinion that it would be an
6 unsubstantiated leap to believe that the
7 answers to the survey questions reflect
8 pharmacists' specific concerns with dispensing
9 of opioids, and you follow that with it would
10 be an unsubstantiated leap to suggest that a
11 pharmacist would not have controlled
12 substances and opioids in mind when answering
13 these questions, right?

14 A. That's correct.

15 Q. Then you disagree with
16 Dr. Selzer's opinion that you cannot take the
17 results and -- from this survey and assume
18 that pharmacies -- pharmacists were talking
19 specifically about their concerns with
20 dispensing opioids?

21 A. I don't agree with her statement.

22 Q. Okay. And you are saying there
23 that it's your opinion that they did have
24 opioid dispensing in mind when answering these
25 questions; is that right?

1 A. That's one of many factors that
2 they had in mind. If we go back to Table 1,
3 those factors are not mutually exclusive.
4 They're all inclusive of what pharmacists
5 consider when they practice on a day-to-day
6 basis, on an hour-to-hour basis. It's
7 constantly impacting them in the back of their
8 mind.

9 Q. So within Table 1 is a whole list
10 of things that's constantly impacting them in
11 the back of their mind that they would have in
12 mind when talking about their practice, but we
13 can't isolate any of those one tasks or duties
14 and say that these results were specific to
15 any one of those; is that right?

16 MR. ELSNER: Objection.

17 A. I don't know why you'd want to
18 separate those out, because the pharmacist
19 sure doesn't. If they can't take a break, if
20 they can't go to the bathroom, how are they
21 going to do those other 15 items and do them
22 efficiently, effectively and with the focus of
23 the patient in mind. If they can't have a
24 work break, if they can't eat lunch, if
25 they're a diabetic, how are they supposed to

1 handle that stuff? They can't. So it's not
2 fair to just separate one thing out of
3 another. All those factors impact them each
4 and every time each and every minute of their
5 practice site. The biggest worry the
6 pharmacists have is am I going to make a
7 mistake that's going to hurt a patient, and
8 then, secondly, is that going to make my
9 ability to practice as a pharmacist impossible
10 because I'm going to be fired, I'm going to be
11 let go, I'm going to be released from my
12 responsibilities. They think about that from
13 minute one to the last minute they leave the
14 door.

15 Q. Am I correct in saying that
16 patient safety encompasses opioid dispensing
17 and, therefore, it's reasonable that
18 pharmacists would generally have all aspects
19 of patient safety in mind when answering
20 patient safety questions?

21 A. I absolutely agree with that a
22 hundred percent.

23 Q. So what I'm hung up here on is the
24 word "specific." You know, specific to me
25 means isolating any one of those and saying

1 the comments and the answers are specific to
2 any one isolated task or duty. Are you saying
3 that these comments and survey results reflect
4 specific concerns with opioid dispensing?

5 A. They reflect all the concerns.
6 Included in those concerns is opioid
7 dispensing. You can't separate that out from
8 the concern that pharmacists have. If you
9 have metrics that you have so many
10 prescriptions that you have to fill and you
11 have a patient present with an opioid
12 prescription and you have to go through the
13 OARRS system, you have to look at whether or
14 not they traveled so many miles, you can't
15 separate it out, it's all inclusive, it
16 impacts everything they do each and every
17 minute of their practice day.

18 Q. When Dr. Selzer talks about
19 breaking down survey results by demographics
20 and how that might be useful, it's your
21 opinion that that is not important here
22 because pharmacy is gender neutral; is that
23 right?

24 A. That's absolutely how I feel, yes.

25 Q. So it would be of no significance

1 to you if more men than women answered in a
2 certain way in this survey?

3 A. In my mind a pharmacist is a
4 pharmacist regardless of what their gender is
5 and their responsibilities are exactly the
6 same.

7 Q. So as a survey expert, if the
8 majority of the complaints were from younger
9 pharmacists or male pharmacists, would that
10 have no significance to you?

11 A. I think what was significant was
12 the demographics that they did measure, so how
13 long had somebody been in a practice
14 environment, how many years have they
15 practiced. Those are the things that are
16 important to me. Whether or not somebody was
17 25 or 65 doesn't have any impact whatsoever on
18 how they're supposed to do what it is they're
19 supposed to do to provide patient care and
20 patient-safe environments.

21 Q. Is that your general view on
22 demographics of survey respondents in, you
23 know, the pharmaceutical area or just this one
24 specifically?

25 MR. ELSNER: Objection.

1 A. We're talking about the practice
2 of pharmacy in the state of Ohio. If we're
3 looking at dosing of men versus dosing of
4 women, dosing of somebody that's 85 versus
5 somebody that's 15, the demographics and age
6 and gender are really crucial, but if you're
7 talking about the practice of pharmacy, it
8 doesn't matter what somebody's gender is, it
9 doesn't matter how old they are. The
10 responsibilities, the duties, the expectations
11 are exactly the same. So it depends upon the
12 study and the type of study that you're
13 assessing. And, again, I don't want to be
14 overly critical of Dr. Selzer, but she has no
15 idea of how pharmacy is practiced or what the
16 expectations are. It doesn't mean she's not a
17 world class, famous expert on polling. She
18 doesn't know anything about pharmacy so she
19 doesn't have the ability in my estimation to
20 make an evaluation of why demographics were
21 important.

22 Q. We've covered some of this next
23 area in our talks about generalization and
24 whether or not you can take the survey results
25 and make conclusions about the

1 non-respondents, but I want to ask it in these
2 terms. You say that the question of whether
3 the results of this survey can be extrapolated
4 to all pharmacists is not very relevant,
5 correct?

6 A. That wasn't the purpose of the
7 study, no, ma'am.

8 Q. Okay. So it is not relevant
9 whether the experience of the pharmacists who
10 responded to the survey represents the
11 experience -- the experiences of all
12 pharmacists in Ohio?

13 MR. ELSNER: Objection.

14 A. Again, the premise of the study
15 was to get an assessment of workplace safety
16 from the pharmacist's point of view.

17 Q. Of general workplace conditions,
18 correct?

19 A. All workplace conditions, yes.

20 Q. On page 23 --

21 THE WITNESS: Would it be possible
22 to take a break, please?

23 MS. WOHL: Yes. Let's take a
24 break. We can go off the record.

25 THE VIDEOGRAPHER: Off the record,

1 1:37.

2 (Recess had.)

3 THE VIDEOGRAPHER: On the record,
4 1:47.

5 BY MS. WOHL:

6 Q. Dr. Fincham, did you have any
7 experience with Kroger pharmacies prior to
8 reading the results of these surveys?

9 A. No, I did not.

10 Q. Have you ever known any pharmacist
11 who worked at Kroger?

12 A. Yes, I do.

13 Q. And what's the nature of your
14 relationship with them?

15 A. Let me --

16 MR. ELSNER: Objection.

17 Go ahead.

18 A. When I was at the University of
19 Kansas School of Pharmacy as a dean, I
20 received a grant from the National Association
21 of Retail Druggists to evaluate pharmacists'
22 potential to enhance what it is they did and
23 how they might be reimbursed for that. And
24 one of the groups that I wanted to include to
25 make sure that we were inclusive in the study

1 design were pharmacists that worked at
2 Dillons, and Dillons is wholly subsidized by
3 Kroger, it's managed by Kroger. At that point
4 in time the pharmacy director, Jane Siebert,
5 was monitoring pharmacy services within the
6 Dillons network, but still Kroger owned
7 Dillons. So my impact through Jane Siebert,
8 the pharmacist that participated in the study,
9 was my interaction with Kroger pharmacists.

10 So I was also asked to speak to
11 the group of Kroger pharmacists that get
12 together on an annual basis, to talk to them
13 about the future of pharmacy.

14 So that's my interaction with a
15 Kroger subsidiary, but yet I considered it to
16 be Kroger pharmacies and pharmacists.

17 Q. Can you tell me more about your
18 experience in getting together with Kroger
19 pharmacists to talk about the future of
20 pharmacy?

21 A. At that time Ms. Siebert asked me
22 to come to speak to the pharmacy group about
23 what I perceived as the future of pharmacy and
24 the opportunities for supermarket-based
25 pharmacy to have a major impact in how

1 pharmacy was practiced in the state of Kansas.

2 Q. Did you form any opinions about
3 Kroger pharmacies or pharmacists during these
4 relationships?

5 MR. ELSNER: Objection.

6 A. I have a very positive view of
7 pharmacy and pharmacists, period, so I
8 welcomed the opportunity to work with those
9 Dillons pharmacists to help them realize that
10 the University of Kansas School of Pharmacy
11 was focused on them and their practice and to
12 do what I could to make their practice better
13 and enhanced. So my view of Kroger
14 pharmacists through the Dillons group was very
15 positive. It remains positive to this day.

16 Q. On page 24 of your report --
17 actually, it's the bottom of 23 and then on to
18 24, that sentence. "The Board's
19 characterization of the survey findings as
20 reliable and 'striking' should be given
21 substantial weight."

22 Do you see that?

23 A. Yes, I do.

24 Q. So, in your opinion, the
25 surveyor's findings are to be given

1 substantial weight in analyzing the survey?

2 A. That's the view of the Ohio Board
3 of Pharmacy, looking at this survey and the
4 results.

5 Q. And I'm asking for your opinion.
6 What's the substantial weight that you're
7 talking about giving these -- this view?

8 A. I think that the survey was valid,
9 it was reliable, and I based my assessment of
10 validity and reliability based upon other
11 studies that were done in different states as
12 well as the national survey of pharmacists'
13 working conditions. They were very similar in
14 the outcomes. Some of the questions were
15 virtually the same. So the Kroger -- excuse
16 me. The Ohio Board surveys were based upon
17 other work that had been done in other states
18 and it added, in my estimation, to the
19 validity and how important the results were.

20 Q. Well, the substantial weight that
21 you're talking about here is the Board's
22 characterization of the survey findings as
23 reliable and striking, so it doesn't sound
24 like you're talking about these other surveys
25 but it's the board's own assessment of its

1 survey is what you want to give substantial
2 weight. Am I reading that correctly?

3 A. Yes. It's how the board viewed
4 the survey results in 2020 as well as 2021.

5 Q. Okay. So the fact that the Ohio
6 Board of Pharmacy found the surveys to be
7 reliable is a significant aspect of your own
8 conclusion that the surveys are indeed
9 reliable?

10 A. It's one component of how I
11 assessed how reliable or valid the survey was,
12 yes.

13 Q. The surveyor's own opinion of its
14 survey?

15 A. That added to my ability to look
16 at this as being a valid and reliable series
17 of studies, yes.

18 Q. And you also seem to be saying
19 that the Board's actions in response to the
20 survey validated the survey results; is that
21 correct?

22 A. Yes.

23 Q. So how would subsequent actions of
24 a surveyor make survey results more reliable?

25 MR. ELSNER: Objection.

1 A. Ms. Wohl, if we go back to how
2 surveys are initially constructed, you look at
3 what it is you're going to examine, you look
4 at what you're going to ask, and then you look
5 at how are the results going to be used. And
6 so, in my view, looking at this from that
7 standpoint, when I see that the Board of
8 Pharmacy took the results of this survey and
9 started the process of trying to make
10 recommendations on improving pharmacy practice
11 indicates to me that this was a valid study,
12 it was a reliable study, and it was certainly
13 carried out from a design standpoint and a
14 construction standpoint in a very appropriate
15 manner.

16 Q. So if the Board had not taken
17 actions in response to the survey, would that
18 have made the survey results less reliable?

19 MR. ELSNER: Objection.

20 A. That's a -- that's a question that
21 I really can't answer. I can only talk about
22 what was done and how it was done and why that
23 made my assessment of this whole survey
24 process as being very, very valid.

25 Q. Don't you need to make sure you

1 have valid data before you take appropriate
2 actions?

3 MR. ELSNER: Objection.

4 A. I don't mean to be disrespectful.
5 That's a rhetorical question. I don't know
6 what it is that you're trying to examine or
7 what you're talking about. Can you be more
8 specific, please?

9 Q. Well, let's say the data from the
10 survey is biased or unreliable in some way.
11 If the organizations are acting on biased
12 data, then they're making decisions on flawed
13 data, correct?

14 A. And that's where Dr. Selzer and I
15 agree, that this was a series of valid
16 questions, it was appropriate for the Board to
17 do these surveys, there was no evidence
18 whatsoever that there was any bias or that
19 there was anything that was done to alter the
20 data to have it to -- to look different than
21 it was actually supposed to appear.

22 Q. But my question is a little
23 different. I guess what I'm asking here is
24 that you've got survey results that can't be
25 generalized to a broader population. They are

1 the results of the people who took the survey
2 and that's all. If the Ohio Board of Pharmacy
3 is acting on survey results that are not
4 representative of a broader population, then
5 is the data or the action -- are the actions a
6 result of flawed data?

7 MR. ELSNER: Objection.

8 A. I respectfully disagree with your
9 whole premise. That's not the purpose of what
10 this study was intending to do. It wasn't to
11 generalize pharmacy practice. It wasn't to
12 generalize a specific region of the state of
13 Ohio. It was simply to get an appreciation of
14 what the workplace environment and factors
15 impinging on patient safety were. And the
16 Board took those results -- they didn't bias
17 those results. They didn't alter those
18 results. They looked at the results that were
19 both Likert scale in origin as well as the
20 verbal written responses and tried to make
21 recommendations based upon what those
22 particular studies found. So how they
23 processed this through from start to finish in
24 my mind was very, very appropriate.

25 And to amplify that, if this was

1 looked at as something that was positive in
2 these two years, why would Kroger then do a
3 similar study if they didn't feel that this
4 had some validity and needed to be done and
5 needed to be expanded upon? That adds to me
6 the whole issue of how this was really
7 credible. It was important to Kroger, as well
8 it should be.

9 Q. What exactly in your report here
10 is rebutting something that Dr. Selzer wrote?

11 MR. ELSNER: Objection.

12 A. I'm going to respectfully request
13 that you would have to go through this page by
14 page. I was very specific in my assessment of
15 why Dr. Selzer was wrong in some of her
16 assessments. And if you want me to go through
17 this page by page, I can certainly do that,
18 but basically she didn't review the policy
19 recommendations of the workload advisory
20 committee or other steps took in response to
21 the survey results. This is on page 24. She
22 should have done that.

23 Q. Does that relate to an opinion
24 that she had that you are rebutting? I know
25 you think that she should have done more.

1 MR. ELSNER: Whoa, whoa. I'm
2 going to raise an objection. I'm not sure
3 that's a question.

4 Q. Okay. Does that relate to an
5 opinion that she had that you are rebutting?
6 That is the question.

7 A. And, again, respectfully, we can
8 go through this page by page and I can -- I
9 went through why I didn't agree with
10 Dr. Selzer. It's no criticism of her as a
11 pollster. It's just she didn't do what she
12 should have done to analyze these surveys. So
13 her assessment of the survey in general was
14 totally inappropriate, it was wrong.

15 Q. I don't think we need to go
16 through it page by page, but isolating what
17 you're saying here on page 24 of the things
18 that she did not do, like review the policy
19 recommendations of the workload advisory
20 committee or other steps that the Board of
21 Pharmacy took in response to the survey
22 results, you believe she should have done
23 those, correct?

24 A. Yes.

25 Q. So what part of her opinion

1 relating to that are you rebutting?

2 MR. ELSNER: Objection. I'm
3 sorry. I don't understand the question.

4 If you understand the question,
5 you can answer. I don't understand it.

6 A. I did not understand the question
7 and I don't think it's fair to expect me to
8 cherry-pick one particular sentence in one
9 particular paragraph on page 24 and make my
10 assessment of why I think that what she did is
11 invalid. It's the whole report, all the
12 pages --

13 Q. Everything?

14 A. -- that in my mind refute what
15 Dr. Selzer stated about this study and study
16 process.

17 Q. At the end of your report, on page
18 30, in the middle of the second paragraph, if
19 I can draw your attention to a sentence there.

20 A. What page?

21 Q. Page 30.

22 You state that "The survey
23 information, when placed in the context of
24 regulatory obligations of controlled
25 substances, pharmacy practices and ongoing

1 opioid epidemic, were persuasive."

2 So let me ask you first about
3 placing the survey information in specific
4 contexts. You agree that it wasn't
5 specifically targeted to the regulatory
6 obligations of controlled substances, pharmacy
7 practice and opioid epidemic, correct?

8 A. I agree with that.

9 Q. Okay. So you have to place it in
10 that context, and that's something you're able
11 to do with your pharmacy expertise; is that
12 right?

13 A. And, respectfully, we could take
14 ongoing opioid epidemic out and talk about
15 dispensing cancer chemotherapy or dispensing
16 drugs that have known interactions with other
17 drugs. So you could -- you could go through
18 any number of things and talk about why it was
19 persuasive. But from the standpoint of
20 controlled substances, it certainly is
21 applicable.

22 Q. And you sort of answered my next
23 question, which was you can put this
24 information into other contexts, correct?

25 A. Yes, you can.

1 Q. And make assumptions and draw
2 conclusions; is that right?

3 A. I'm not making an assumption. I'm
4 basically concluding that that's the case.

5 Q. Okay. Dr. Selzer, in her report,
6 says that some pharmacists may have concerns
7 about opioids but this survey did not purport
8 to measure that. Do you disagree with that?

9 A. That's what Dr. Selzer said.

10 Q. Do you disagree with what she is
11 saying there?

12 A. Can you ask the question? I'm
13 sorry. I don't quite understand what you're
14 asking me.

15 MR. ELSNER: She's asking you
16 whether you agree or disagree with her
17 opinion, but go ahead and ask the question
18 again.

19 Q. Dr. Selzer says that some
20 pharmacists may have concerns about opioids
21 but the survey did not purport to measure
22 that. Do you agree or disagree with that?

23 A. I agree with that.

24 Q. And she states that we cannot be
25 certain that the data reflect a larger pool

1 than the pharmacists who responded. Do you
2 agree or disagree with that?

3 MR. ELSNER: Objection.

4 A. I think we can agree with that.
5 We could also agree that there were
6 pharmacists that didn't respond that would
7 have had very similar responses, but that
8 wasn't the purpose of the study.

9 Q. Explain that opinion to me, we can
10 agree that pharmacists who didn't respond had
11 very similar -- would have had very similar
12 responses.

13 A. They could have had similar
14 responses. They could have had dissimilar
15 responses. That doesn't impact at all the
16 validity of this study, which was to get a
17 general perception of workplace safety and
18 conditions that impacted pharmacists' ability
19 to practice safely.

20 Q. Okay. I want to make sure I
21 understand that statement. We don't know what
22 the pharmacists who did not respond would have
23 said, correct? Is that what you're saying?

24 A. That's correct.

25 Q. Okay. The Oregon Board of

1 Pharmacy survey that was sent as a supplement
2 to the materials you considered, did you
3 consider this survey before you wrote the
4 opinion or in writing your opinion?

5 A. It was after the fact.

6 Q. And does this survey impact your
7 opinions?

8 A. It -- do we have a copy of that
9 that I could examine? I don't have a copy of
10 that in front of me.

11 Q. Okay. It didn't make it into the
12 exhibit folder.

13 MR. ELSNER: We can make it --
14 since it was produced late, I'm happy to -- do
15 you want to go off the record for a minute?
16 We can pull that for him.

17 MS. WOHL: Sure.

18 MR. ELSNER: Do you want to do
19 that now?

20 MS. WOHL: Yeah, let's go ahead
21 and do that.

22 THE VIDEOGRAPHER: Off the record,
23 2:05.

24 (Recess had.)

25 THE VIDEOGRAPHER: On the record.

1 BY MS. WOHL:

2 Q. Dr. Fincham, do you have the
3 Oregon Board of Pharmacy survey in front of
4 you?

5 A. Yes, I do.

6 Q. And this was the supplement that
7 was sent to me as an additional material
8 considered by you; is that correct?

9 A. Yes.

10 Q. When did you first review this?

11 A. I first saw it yesterday evening.

12 Q. And how did you come across this?

13 A. I was provided a copy here at the
14 firm.

15 Q. By counsel?

16 A. Yes.

17 Q. And was the first time you
18 reviewed this document yesterday evening?

19 A. That's correct.

20 Q. Do you have any additional
21 opinions now that you've considered this
22 survey report?

23 A. My opinions would remain the same
24 as I indicated in my report.

25 Q. Does this Oregon survey or the

1 report on it have any significance to your
2 opinions in this case?

3 MR. ELSNER: Objection.

4 A. I think it just indicates that the
5 findings of this survey done in 2011 are not
6 that different than what was found ten years
7 later in a different state.

8 Q. And can you explain that
9 significance to me?

10 A. I said that it really wasn't
11 significant from the data that was found in
12 this study versus what was found a decade
13 later. The results are very, very similar.
14 This study did not have some of the
15 demographic components that the two surveys
16 that were reviewed for the State of Ohio had.
17 So when they talk about practice site, they
18 were very limited in what they indicated.
19 There were just three particular sites as
20 opposed to the study that was -- studies that
21 were done in Ohio. They broke down the
22 practice site. Here talking about the Table 3
23 on page 8, they just say community chain.
24 They don't break it down to food market-based
25 pharmacy, et cetera.

1 Q. The fact that you say -- as you
2 say, the results aren't that different between
3 this 2013 survey in Oregon and the Ohio 2020
4 and '21 surveys, does that have any bearing or
5 support of any of your opinions in your report
6 in this case?

7 MR. ELSNER: Objection.

8 A. And, again, I indicated I didn't
9 use this document in any way, shape or form in
10 the formation of my report and the writing of
11 such.

12 Q. So it doesn't support your
13 opinions even after the fact, it is just an
14 ancillary document that you looked at?

15 MR. ELSNER: Objection.

16 A. I think I'm repeating myself, but
17 I think that this validates the findings that
18 were done in the Ohio study, the Missouri
19 study, and the national study that was done
20 several years after this by the American
21 Pharmaceutical Association.

22 Q. And I apologize if you're
23 repeating yourself. That is not what I heard
24 from your prior answer. So this Oregon survey
25 validates the results of all the other surveys

1 that you mentioned in your report, including
2 the Ohio Board of Pharmacy survey?

3 A. It adds validity to the findings,
4 yes.

5 Q. And in what way?

6 A. If you look at the qualitative
7 results, you know, the responses that are on
8 page 19, 20, talking about dissatisfaction
9 with the changing pharmacy profession, those
10 kinds of things -- if you look at the
11 quantitative result, it's really -- you
12 show -- again, this is just -- this is a
13 Likert scale of three items, okay, where you
14 have agree, neutral or disagree. And, as a
15 survey design analytic person, you never use a
16 three-item scale. You use a five-item scale,
17 where you have agree, strongly agree, neutral,
18 disagree or strongly disagree. But, again,
19 that's a criticism of this particular study.
20 And if I would have used this study in the
21 report that I provided, I would have
22 specifically hammered in at the fact that you
23 don't use ever a three-item Likert scale when
24 evaluating somebody's opinion or assessment.

25 Q. So you've got some issues with the

1 methodology of the Oregon survey but the
2 results still validate the other surveys that
3 you've mentioned?

4 A. It validates my view that this has
5 acceptability compared to the Ohio studies are
6 the verbal written responses, okay. I have
7 real concerns about how some of these metrics
8 were designed, how metrics -- excuse me, how
9 the questions were, which is a three-item
10 Likert scale. That's never done. That's
11 period, end of quotation. It's never done.
12 That's been shown in the literature. If you
13 look at one of the individuals that I quoted,
14 Donald Dillman from Washington State
15 University, he was a worldwide, renowned
16 expert on survey methodology. He will
17 specifically hammer on the need to have more
18 than three Likert scale items as responses.
19 But the verbal responses, the written
20 responses, are similar in tone and structure
21 and nature.

22 Q. Were any of them specific to
23 Kroger?

24 A. I have no idea if there are Kroger
25 pharmacies in the state of Oregon, and I

1 haven't looked at this in great detail. Like
2 I said, I looked at this last night. If I was
3 going to evaluate this, I would thoroughly
4 look at it rather than try to come up with
5 answers here after looking at it for ten
6 minutes here today. That's not fair to me.

7 Q. You all submitted this to me. I'm
8 trying to figure out exactly what this
9 document is.

10 A. What did you just say?

11 MR. ELSNER: Whoa, whoa, whoa. We
12 produced -- let me just clear the air a
13 second. It was something that was provided to
14 Dr. Fincham. He reviewed it. We provided it
15 to you because it's something he considered.

16 It's completely fair game for her
17 to ask you questions about it because it's
18 something you considered. She wants to know
19 whether you're going to rely on it at trial
20 and what you're going to say about it and how
21 it compares with everything else.

22 So I'm sorry about that, Ms. Wohl.
23 Please continue.

24 Q. Do you need some time to look at
25 this report? I don't have very many more

1 questions on it.

2 A. What specifically were you going
3 to ask me, and then I'll try to respectfully
4 kindly answer appropriately?

5 MS. WOHL: Can I ask the reporter
6 to read back my last question on this report?

7 (Record read.)

8 Q. I was asking about what you know
9 about this survey, if there are any specific
10 comments to Kroger.

11 A. And I don't know that. I can't
12 say that. I don't have any idea.

13 Q. Do you know whether there were any
14 specific questions or comments specific to
15 opioids or the dispensing of controlled
16 substances?

17 A. And, again, because I didn't look
18 at this report in my report, I have no idea
19 what's in it.

20 Q. Okay.

21 A. I didn't really review it last
22 night at all.

23 Q. Okay. I take it this is not
24 something you would be relying on to support
25 your opinions if we were to go to trial in

1 this case?

2 A. What I would request respectfully
3 is the ability to look this over, and if I
4 need to change something in my report, I would
5 do so and indicate the sourcing for why I
6 wanted to change it.

7 MS. WOHL: Okay. Can we take a
8 five to ten-minute break?

9 MR. ELSNER: Sure.

10 THE VIDEOGRAPHER: Off the record,
11 2:22.

12 (Recess had.)

13 THE VIDEOGRAPHER: On the record.

14 BY MS. WOHL:

15 Q. Dr. Elsner -- sorry. Dr. Fincham.
16 I didn't mean to promote you. Do you plan to
17 testify about any opinions that you have that
18 are not written in your report in this case?

19 A. At this point I don't have
20 anything that -- that I would add, but that
21 doesn't mean that something might come up that
22 I'd want to add later on.

23 Q. As we sit here today, there's
24 nothing that you would plan to amend in your
25 report?

1 A. No.

2 MS. WOHL: I don't have any
3 further questions for you. Thank you.

4 THE WITNESS: Thank you for your
5 courtesy today. I appreciate it.

6 MR. ELSNER: We're not quite done.
7 Don't compliment her too soon.

8 EXAMINATION OF JACK E. FINCHAM, Ph.D.
9 BY MR. ELSNER:

10 Q. Dr. Fincham, I just have a few
11 questions that I just want to walk through
12 with you.

13 We talked a little bit about your
14 experience with designing surveys and
15 interpreting surveys.

16 A. Yes.

17 Q. And one thing that we -- that
18 didn't come out in the deposition is do you
19 serve as an editor or a referee for any
20 peer-reviewed journals?

21 A. At this point in time I do, yes.
22 I've been asked probably six to eight times a
23 year to review a publication for potential
24 publication. It's journals all over the
25 world.

1 Q. Okay. And just roughly, how many
2 journals have you served as an editor or
3 referee on?

4 A. I would say 60 in total. That's
5 an estimate.

6 Q. Okay. And in your role as an
7 editor or a referee of peer-reviewed work of
8 other professionals, have you examined survey
9 designs and interpreted survey results in that
10 role?

11 A. Yes, I have.

12 Q. Okay. And do you have an estimate
13 as to how many times you've done that?

14 A. I would say well over 250 times.

15 Q. All right. And within the context
16 of serving as an editor or referee for these
17 journals, has it been the practice that people
18 have relied upon your expertise in this area
19 to review articles that focus on particular
20 types of surveys, interpreting them and
21 developing them?

22 A. That's certainly the case, yes.
23 I'm fortunate to be in that position, yes.

24 Q. Okay. And have any of those
25 articles that you've refereed or edited for

1 peer review journals dealt with field studies?

2 A. Yes, most certainly they have, and
3 not only in my capacity as a reviewer for
4 journals, but I'm also on several advisory
5 committees for the Canadian Institutes of
6 Health & Research, which is equivalent to our
7 United States NIH and AHRQ, but in that
8 capacity I've evaluated numerous surveys as
9 part of grant resubmission processes.

10 Q. Thank you.

11 And have you ever been asked to
12 speak about survey design and the
13 interpretation of surveys?

14 A. Yes, I have. I've been fortunate
15 to have had those opportunities in Australia;
16 in Vietnam; in Scotland; in Glasgow at the
17 University of Strathclyde; in Aberdeen,
18 Scotland; in Turkey; and in the United
19 Kingdom, specifically Oxford.

20 Q. Thank you.

21 Is the use of a field study a
22 reliable and professional form of surveys?

23 A. Yes, it is.

24 Q. Is it acceptable in the
25 professional field -- in your professional

1 field of survey design and interpretation to
2 use a field study?

3 A. It is most appropriate and it's
4 widely used, yes.

5 Q. Okay. Are there other experts in
6 the field that have interpreted and used field
7 studies as part of their work other than you?

8 A. The individual that -- that I rely
9 upon, and it's not just me that relies upon
10 him, but it's Donald Dillman. It's Washington
11 State University. And in 1988 he wrote a book
12 called "The Total Design Method." And in that
13 book -- it's a comprehensive, evaluative
14 document/book that looks at various types of
15 survey research methodologies, when it's
16 appropriate to use them, how they should be
17 used, and what the impact of those has been.
18 He's also followed up with additional books
19 that I've referenced in my report. But Donald
20 Dillman is, in my estimation, the gold
21 standard reference point, and this is somebody
22 that I was involved with as a student at the
23 University of Minnesota in the research,
24 design and methods courses that I took there,
25 and Donald Dillman's book was priority number

1 one in those courses.

2 Q. Okay. In interpreting and
3 analyzing the Ohio Board surveys in this case,
4 did you rely upon the same methodology that
5 Dr. Dillman, Mr. Dillman used in his texts?

6 A. Yes, I did, and that's basically
7 an assessment of why this study is being done,
8 what are you going to ask in the study or
9 what's the results of the study going to be
10 used for.

11 One of the key components that
12 Dr. Dillman stresses in his book is are the
13 questions that are asked understandable for
14 somebody that's going to be reviewing them, so
15 is the number of words, you know, that has ten
16 syllables, you know, out of line. So it's
17 something that has to be understandable, there
18 has to be validity on the use of proper
19 grammar. And, again, I focused on -- in the
20 last series of comments about -- he talks
21 about Likert scale and how many items you
22 should have, what are the benefits and risks
23 if you don't have a certain number of those
24 kinds of items, whether it's three, five,
25 seven, et cetera. So he goes through that in

1 great detail and explains why it's important.

2 In all of the things that I just
3 mentioned about Dr. Dillman he references
4 published works that have been published and
5 are published in the field of survey research
6 methodology and questionnaire design.

7 Q. And in interpreting the questions
8 that were used in the Ohio Board of Pharmacy
9 surveys, did they meet the standards as
10 described by Dr. Dillman and as you've
11 expressed as being professional?

12 A. They most certainly did, and
13 Dr. Selzer agreed with how the questionnaire's
14 items were designed as being appropriate, fair
15 and nicely done.

16 Q. And do you have an opinion,
17 Dr. Fincham, as to whether or not the Ohio
18 Board of Pharmacy surveys were reliable and
19 appropriate for use in this context?

20 A. I believe that they were entirely
21 appropriate based upon how they were designed,
22 what their intended purpose was to be, and how
23 they were reflective of other studies that had
24 been done. So the Ohio group relied upon
25 survey questions that were done in Missouri as

1 well as elsewhere as well as the national
2 study. So that to me -- if you can use
3 previously approved and recognized questions
4 as being appropriate in your particular study,
5 that adds more reliability and validity to
6 what it is you're doing and the results that
7 you find.

8 Q. Were there other signs of
9 reliability that you found in analyzing the
10 Ohio Board of Pharmacy surveys other than
11 comparing the survey to other surveys that
12 were conducted?

13 A. I just think that from my
14 assessment, if you look at who was responding
15 to the questionnaire items and who was
16 administering the surveys, it was the Board of
17 Pharmacy that has oversight of all the
18 pharmacists in the state, the pharmacists knew
19 that when they were responding. To me it
20 indicates that they were going to give
21 responses that were heartfelt and that they
22 hoped would make a difference in how their
23 profession was -- was practiced.

24 Q. How many surveys did the Ohio
25 Board of Pharmacy send out in this context?

1 A. There was a study in 2020 as well
2 as 2021.

3 Q. And how did the two studies
4 compare with one another?

5 A. I think they were very, very
6 similar as far as their responses, and there
7 might have been some minor differences in the
8 number, but you don't have any idea of who
9 might have been a new pharmacist that wasn't
10 able to respond in 2020. But if you look at
11 the percentages for the Likert scale items,
12 they're very, very similar, and most certainly
13 the verbal responses were similar.

14 Q. And do the similarity of the
15 responses between the survey in 2020 and 2021
16 have any impact in your opinion as to the
17 reliability of the survey?

18 A. They did have a major impact on
19 how I viewed them as being reliable and valid,
20 and to further validate it, the Ohio Board of
21 Pharmacy used these to make some policy
22 potential recommendations based upon what they
23 found. That indicates to me that they felt it
24 was valid.

25 Q. There seemed to be a suggestion

1 from counsel from Kroger that we weren't sure
2 whether the only respondents to the survey
3 were disgruntled pharmacists. Do you remember
4 that line of questioning?

5 A. Yes.

6 Q. Okay. Do you agree that only --
7 are you able to tell one way or the other
8 whether the respondents to the survey were all
9 disgruntled pharmacists or not?

10 A. If you look at the Likert scale
11 items that had five data points that they
12 could choose, strongly agree, agree, neutral,
13 disagree, strongly disagree -- if you look at
14 the range of responses, there were some people
15 that were perfectly very satisfied with what
16 the question was asking, and so I think the
17 range of responses indicates to me that it
18 wasn't just a negative response that was
19 provided, it was a valid response across the
20 board of people that were satisfied, highly
21 satisfied, et cetera, and that had some
22 variability based upon what the practice site
23 was. And because there were numerous people
24 that were responding from different practice
25 sites that had the wide range of responses

1 indicates to me that the questions were valid
2 and people felt comfortable answering them
3 based upon their work environment.

4 Q. And did the outcome of the Ohio
5 Board of Pharmacy studies indicate a
6 difference based on how people felt about a
7 safe work environment based on whether they
8 worked in a grocery store setting versus other
9 types of job sites?

10 A. If you look in general at the
11 chain environment, whether it is CVS,
12 Walgreens, those corporate chains, or food
13 market-based responses, they were very similar
14 and they were quite different than what you
15 saw in independent pharmacy practice as well
16 as the institutional practice. There was more
17 dissatisfaction in general expressed by the
18 chain environment pharmacists, whether it was
19 food market-based or general chains.

20 Q. And was there some indication
21 within the survey results as to why
22 pharmacists working in those environments felt
23 that way?

24 A. If you look at the verbal written
25 responses, it validates the point that I guess

1 I was just trying to make, that people said
2 I'm glad I work in an institution and not in a
3 chain environment or I left the chain
4 environment to go work elsewhere because I
5 couldn't deal with the pressure, et cetera.

6 Q. I think that you had mentioned
7 Kroger had done its own study, its own survey
8 of its pharmacist employees. Did you review
9 those surveys?

10 A. I did.

11 Q. Do those survey results have any
12 impact one way or the other on how you felt
13 about the reliability of the Ohio Board of
14 Pharmacy?

15 A. Because the results were very
16 similar in how the respondents both responded
17 to the Likert scale as well as the written
18 responses, that indicated to me that there was
19 validity in the studies that the Ohio Board
20 did exclusive of the Kroger study.

21 Q. There was some demographic
22 information collected of respondents in the
23 Ohio Board of Pharmacy survey; is that right?

24 A. Yes.

25 Q. Can you give us some examples of

1 those?

2 A. Sure.

3 Some examples would be practice
4 site, and I just referenced those,
5 independent, chain, grocery store pharmacy,
6 institutional practice, long-term care. So
7 that's a demographic item. Also, the number
8 of hours that were worked, the length of time
9 that you had been in a specific position, the
10 number of orders that you processed on -- in a
11 time period. So those demographic items were
12 included.

13 Q. And did you review the number of
14 hours worked or reported to have been worked
15 by pharmacists in the grocery store setting
16 versus other job sites?

17 A. Yes, I did.

18 Q. And what did you determine from
19 reviewing that data?

20 A. It wasn't a surprise to me, but
21 it's still a bit of a shock in that there was
22 a widely different number of hours that
23 institutional pharmacists practiced and
24 community pharmacy owners practiced versus the
25 chain versus the food market-based pharmacies,

1 and certainly the long-term care pharmacies
2 were much less as well.

3 Q. And do you think there's any
4 bearing on the number of hours you work based
5 on -- compared to whether or not you feel
6 you're working in a safe work environment?

7 A. I think as a general rule, the
8 more hours that you work, that just adds
9 incredible pressure to the work environment,
10 and it certainly impacts patient safety
11 because you just -- again, regardless of how
12 smart you are, how efficient you are, the
13 number of hours that you're in place has a
14 tremendous impact upon pharmacists and how he
15 or she carries out their responsibilities.

16 Q. With respect to the number of
17 prescriptions filled in a shift, was that a
18 demographic piece of information that the
19 survey sought?

20 A. It was, and it was -- in my
21 estimation -- it's my point of view, but it
22 was incredible the number of prescriptions
23 that were to be processed, and sometimes in a
24 defined period of time.

25 Q. And was there a difference between

1 job settings, between the number of
2 prescriptions you were to fill in a grocery
3 store setting versus other job settings?

4 A. There was a vast difference.

5 Q. In what way?

6 A. In that the chain environment,
7 whether it's food marked-based or independent
8 chains, was much, much higher. And another
9 factor that I didn't mention that was a
10 demographic point were the number of ancillary
11 personnel. So pharmacy technicians varied
12 dramatically from site to site.

13 Q. And do the number of prescriptions
14 that a pharmacist fills in a shift, does that,
15 in your opinion, have any impact on safe
16 patient care or safe work environment?

17 A. It has a dramatic impact.

18 Q. In what way?

19 A. Just simply because of the number
20 that have to be processed. And we went
21 through Table 1. Some of those factors have
22 applicability to each and every one of those
23 prescriptions. So if we're talking about
24 hundreds, 300s -- somebody mentioned a defined
25 period of time. That's just an excessive

1 workload.

2 Q. Dr. Fincham, outside the context
3 of a pharmacy setting, are there any other
4 types of settings where there are surveys that
5 are done of workplace issues where they ask
6 about a safe work environment?

7 A. There most certainly are, and just
8 some examples might be individuals that work
9 in a plant that manufactures automobiles or
10 manufactures computer components or any other
11 type of a commodity that might be produced.
12 There's very similar types of studies that
13 have been done.

14 Q. And in all those studies do they
15 list all the specific concerns that an
16 employer -- that an employee might face in the
17 job site that might impact the safe or -- a
18 safe workplace?

19 A. They are included, yes.

20 Q. They're specifically included or
21 are they generally?

22 A. They're specifically included.

23 Q. There was a mention of -- of the
24 COVID epidemic and -- and its impact on the
25 survey results for the Ohio Board of Pharmacy.

1 Had there been surveys that had been done
2 prior to the COVID period that also reflect
3 concerns by pharmacists about their working
4 conditions?

5 A. There are. And one example is the
6 Oregon study that was done in 2011. So that
7 preceded by at least a decade the COVID impact
8 upon pharmacy practice. The American
9 Pharmaceutical Association surveys that have
10 been done in subsequent years prior to the
11 COVID outbreak. So those kinds of surveys
12 have been there. They have been done because
13 there have been workplace issues that have
14 been in play long before COVID came into play.

15 Q. And, Dr. Fincham, do you have an
16 opinion as to whether or not the surveys
17 conducted by the Ohio Board of Pharmacy met
18 the professional standards for conducting
19 surveys?

20 A. They do, and it's based upon the
21 referencing that I previously alluded to, the
22 Dillman total design method of surveys from
23 the concept stage to the end stage, where you
24 look at what you're going to do with the data,
25 so it very much followed very appropriately

1 what Dillon would outline in his outline for
2 decades.

3 MR. ELSNER: Thank you, Dr.
4 Fincham. I don't have any more questions at
5 this time.

6 MS. WOHL: I don't have any
7 further questions. Thank you for your time.

8 MR. ELSNER: Thank you.

9 THE VIDEOGRAPHER: Nothing else.
10 Going off the record, 2:49.

11

12 (Deposition concluded at 2:49 p.m.)

13 - - - - -

14

15

16

17

18

19

20

21

22

23

24

25

1 Whereupon, counsel was requested to give
2 instruction regarding the witness' review of
3 the transcript pursuant to the Civil Rules.

4
5 SIGNATURE:

6 Transcript review was requested pursuant to
7 the applicable Rules of Civil Procedure.

8
9 TRANSCRIPT DELIVERY:

10 Counsel was requested to give instruction
11 regarding delivery date of transcript.

REPORTER'S CERTIFICATE

[illegible]

I, Renee L. Pellegrino, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named witness, JACK E. FINCHAM, Ph.D., was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by the above referenced witness was by me reduced to stenotypy in the presence of said witness; afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony so given by the above referenced witness.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified and was completed without adjournment.

1 I do further certify that I am not a
2 relative, counsel or attorney for either
3 party, or otherwise interested in the event of
4 this action.

5 IN WITNESS WHEREOF, I have hereunto
6 set my hand and affixed my seal of office at
7 Cleveland, Ohio, on this 6th day of June, 2023.

8
9
10
11
12 
13

14 Renee L. Pellegrino, Notary Public
15 within and for the State of Ohio
16

17 My commission expires October 12, 2025.
18
19
20
21
22
23
24
25

Veritext Legal Solutions
1100 Superior Ave
Suite 1820
Cleveland, Ohio 44114
Phone: 216-523-1313

June 6, 2023

To: Michael E. Elsner, Esq.

Case Name: National Prescription Opiate Litigation - Track 7

Veritext Reference Number: 5894217

Witness: Jack E. Fincham, Ph.D. Deposition Date: 5/24/2023

Dear Sir/Madam:

Enclosed please find a deposition transcript. Please have the witness review the transcript and note any changes or corrections on the included errata sheet, indicating the page, line number, change, and the reason for the change. Have the witness' signature notarized and forward the completed page(s) back to us at the Production address shown above, or email to production-midwest@veritext.com.

If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived.

Sincerely,
Production Department

NO NOTARY REQUIRED IN CA

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 5894217

CASE NAME: National Prescription Opiate Litigation -
Track 7

DATE OF DEPOSITION: 5/24/2023

WITNESS' NAME: Jack E. Fincham, Ph.D.

In accordance with the Rules of Civil
Procedure, I have read the entire transcript of
my testimony or it has been read to me.

I have made no changes to the testimony
as transcribed by the court reporter.

Date Jack E. Fincham, Ph.D.

Sworn to and subscribed before me, a
Notary Public in and for the State and County,
the referenced witness did personally appear
and acknowledge that:

They have read the transcript;

They signed the foregoing Sworn
Statement; and

Their execution of this Statement is of
their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 5894217

CASE NAME: National Prescription Opiate Litigation -
Track 7

DATE OF DEPOSITION: 5/24/2023

WITNESS' NAME: Jack E. Fincham, Ph.D.

In accordance with the Rules of Civil
Procedure, I have read the entire transcript of
my testimony or it has been read to me.

I have listed my changes on the attached
Errata Sheet, listing page and line numbers as
well as the reason(s) for the change(s).

I request that these changes be entered
as part of the record of my testimony.

I have executed the Errata Sheet, as well
as this Certificate, and request and authorize
that both be appended to the transcript of my
testimony and be incorporated therein.

Date

Jack E. Fincham, Ph.D.

Sworn to and subscribed before me, a
Notary Public in and for the State and County,
the referenced witness did personally appear
and acknowledge that:

They have read the transcript;
They have listed all of their corrections
in the appended Errata Sheet;
They signed the foregoing Sworn
Statement; and
Their execution of this Statement is of
their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

ASSIGNMENT NO: 5894217

PAGE/LINE(S)	CHANGE	/REASON
--------------	--------	---------

Date Jack E. Fincham, Ph.D.
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____
DAY OF _____, 20____.

Notary Public

Commission Expiration Date

[& - 2023]

Page 1

&	12 95:2,15	160 7:6	138:1 139:4
& 2:13 175:6	192:17	163 7:7	140:5 168:8
1	120 6:15	166 7:7	194:16 195:22
1 4:6 24:4,7,9	122 6:16,16	167 7:8,8	196:22
24:15 56:19	123 6:17	17 1:7	200 20:21
78:1 91:9,16	124 6:17,18,18	173 3:9	26:11 87:25
93:5,14 94:17	125 6:19	1820 193:2	2004 32:19,19
144:2,9 186:21	12:07 105:11	19 125:22	33:3,7
1,000 70:7	12:46 106:4	168:8	2007 20:9
1,500 57:13	13 5:3	191 3:13	2008 56:20
10 8:2 44:3	131 6:19	1960s 119:10	57:9
48:14,15,18	132 6:20,20	1975 18:1	2011 166:5
67:23 70:12	133 6:21	31:13	188:6
110:2	136 6:21	1980 30:21	2013 167:3
101 6:8	14 80:13 95:21	32:4	2014 47:5
102 6:9	141 6:22	1980s 18:16	2018 32:21
103 6:9	142 6:22,23	19:6,15 32:3	33:8
104 6:10	144 6:23	1986 19:1	2019 48:5
106 3:11 6:10	148 6:24	1988 176:11	2020 12:1 38:4
11:9	149 6:24	1989 19:1	44:8 68:17
108 6:11	15 11:15 25:19	1990s 17:11	69:5 70:7,8
109 6:11,12	94:10,16 95:23	32:7,8	142:18 154:4
10:00 1:18	101:9 115:17	1996 36:15,15	167:3 180:1,10
10:55 53:20	115:22 119:4	1:37 150:1	180:15
11 74:12,14	130:6 144:21	1:47 150:4	2021 12:1,13
110 6:12	148:5	2	38:5 44:8
1100 193:1	15,000 30:4	2 3:3 4:7 23:24	58:17 67:9
113 6:13	150 6:25	24:3,16 26:4	69:5 142:18
114 6:13	152 7:3	56:24 57:1	154:4 180:2,15
115 6:14	155 7:3,4	20 5:3 13:3	2022 34:13
116 6:14	156 7:4	36:16 38:23	36:25
117 47:14	157 7:5	46:11 48:10	2023 1:17 8:3
119 6:15	158 7:5	58:19,22 61:14	10:25 192:7
11:07 53:23	159 7:6	68:1 110:3	193:4
		119:4 135:23	

[2025 - 99]

Page 2

2025 192:17 21 68:1 167:4 216-523-1313 193:3 216-9250 2:5 22 5:4 2227 192:13 23 149:20 152:17 24 1:17 4:6 8:2 69:4,9 152:16 152:18 158:21 159:17 160:9 25 5:4,5 36:16 147:17 250 27:24 174:14 25301 2:10 255 26:5,11 26 5:5 103:3 260 26:11 27 48:6 28 2:4 2804 1:6,7 29464 2:5 2:05 164:23 2:22 172:11 2:49 189:10,12 3 3 166:22 30 15:14 81:24 107:17 135:23 160:18,21 300 134:5 136:14,21	300s 186:24 301 2:14 304 2:11 31 5:6 32 5:6 91:16 347-1137 2:11 35 5:7 3500 2:14 36 5:7 69:5,10 37 5:8,8 38 5:9 39 5:9 4 4 3:4 40 5:10 13:18 61:8 67:10 81:22 106:20 117:22 134:1 135:3 42 5:10 43 5:11 44114 193:2 45 19:16 45202 2:15 46 5:11 71:17 47 5:12 48 5:12 30:22 49 5:13 4th 2:14 5 5 3:5 38:20 5/24/2023 193:8 194:3 195:3	50 5:13 39:14 39:18 41:9 68:23 69:3 51 5:14 513 2:16 52 5:14,15 54 5:15 55 5:16 56 5:16 57 4:7 5894217 193:7 194:2 195:2 196:2 6 6 193:4 60 58:2 61:6 79:17 134:2 135:4 136:13 174:4 600 2:10 61 101:10 63 5:17,17 65 27:3,5,7 147:17 66 5:18 68 5:18,19 40:8 40:15 69 5:19 6th 192:7 7 7 69:6 193:6 194:3 195:3 70 5:20 20:17 20:20,23 22:17	26:5,8,24 27:3 115:14,17 71 5:20 69:5 70:1,2 72 5:21 723-4092 2:16 73 5:21 75 5:22 76 5:22,23 8 8 42:9 65:1 166:23 80 58:8 61:6 66:8 81 5:23 82 67:9 83 5:24 843 2:5 85 128:9 148:4 86 5:24 87 5:25 89 6:3,3 9 9 3:8 90 6:4 81:24 91 6:4 93 6:5 94 6:5 96 6:6,6 97 6:7 99 6:7,8
---	---	---	---

[a.m. - afternoon]

Page 3

a	95:16 128:5	actions 133:18	179:5 185:8
a.m. 1:18 8:2	132:4,17	154:19,23	adequate 44:8
aaron 1:8	145:21 146:24	155:17 156:2	44:10 95:7
aberdeen	abuse 79:8	157:5	108:6 109:1
175:17	80:21,24 81:2	activities 64:11	adjournment
abide 135:16	academic 14:9	actual 33:6	191:22
136:4	16:12 32:9,14	actually 21:13	administer
ability 51:15	32:20 59:5	21:15 22:13	30:8
81:4 88:17	74:4	46:23 66:21	administered
92:18 95:1,1	acceptability	68:4 70:11	23:1 35:13
95:13 97:2,4	169:5	136:9 152:17	71:7 75:6
103:9 104:17	acceptable	156:21	administering
104:21 108:18	175:24	add 172:20,22	99:18 179:16
117:10 118:11	accepted 61:24	added 83:23	administration
131:17 132:6	accordance	104:23 119:6	15:15,19 16:10
140:15 145:9	194:5 195:5	131:18,18	16:16 17:2
148:19 154:15	account 86:13	153:18 154:15	29:24 30:5,11
163:18 172:3	accurate 30:11	addition 85:23	34:21,25 35:10
able 21:13 22:1	49:16,24	102:20	36:4 84:1,5
28:7 67:11	accurately	additional	86:16 99:18
88:18 89:10,17	22:13 49:9	26:25 75:24	adr 15:20
91:2,24 92:11	50:19 59:9	85:3 115:2	adverse 15:15
94:2 97:15,25	95:8	118:21 119:2	15:16,20 16:2
98:1,10 99:7	achieved 61:22	129:25 134:8,8	17:15 18:9
117:15,18	61:23	165:7,20	21:22
161:10 180:10	acknowledge	176:18	advisory 15:24
181:7	194:11 195:16	additionally	16:1 158:19
above 20:20	act 83:13	138:3 139:2	159:19 175:4
114:22 191:13	194:14 195:20	additive 78:7	affected 43:13
191:18 193:17	acting 156:11	85:21 94:9	affixed 192:6
absolute 64:4	157:3	address 193:15	194:15 195:21
125:14	action 65:10,16	addressed 21:5	aforesaid
absolutely	133:18 157:5	25:1 102:6	191:12
63:12 64:21	192:4	adds 141:14	afternoon 3:11
67:5 79:2		158:5 168:3	106:2

[age - appreciation]

Page 4

age 9:14 128:9 148:5 agencies 84:4 agency 28:20 ago 26:2,4 130:25,25,25 agree 37:7,16 40:18 49:1,5 50:2 52:3,16 53:2 54:8,11 55:7 61:10,12 61:16 62:11 65:17 66:5 68:19 69:7,9 72:3,10,12 88:23 100:25 101:3 122:6 131:23 132:2 143:21 145:21 156:15 159:9 161:4,8 162:16 162:22,23 163:2,4,5,10 168:14,17,17 181:6,12,12 agreed 178:13 ahead 31:11 32:6 35:22 36:7 77:21 86:25 150:17 162:17 164:20 ahrq 175:7 aid 18:20 31:5 129:5 134:12	aim 61:7,14 air 170:12 ajpe 59:23 allow 28:11 alluded 188:21 alter 127:11,23 131:4 156:19 157:17 alternative 116:3 amanda 2:20 9:13 11:19 amend 172:24 american 2:15 44:25 57:9,16 167:20 188:8 amount 48:11 133:8 amplify 157:25 analgesics 83:15 analyses 61:3 analysis 13:10 14:4,7 62:1 68:4,20 110:13 analytic 168:15 analytical 72:25 73:1 116:25 analyze 13:6 27:9 43:23 70:16 72:14 78:24 90:6 97:5 110:16 111:21 116:13	137:5,10,11 143:2 159:12 analyzed 27:14 27:17 74:9 80:12 analyzing 12:12 78:20 88:8 115:11 118:6 121:10 153:1 177:3 179:9 ancillary 167:14 186:10 anecdotal 79:23 80:1 animal 17:7 annual 70:6,14 70:21 151:12 answer 10:12 14:2 20:16 22:15,17,22 25:4 26:22 39:24 49:13 70:13,20,22 71:4 81:9,15 92:20 109:3,14 141:20 142:3 155:21 160:5 167:24 171:4 answered 119:13,18 136:18 147:1 161:22 answering 143:12,24	145:19 182:2 answers 77:14 111:17 143:7 146:1 170:5 anybody 141:1 anymore 135:8 anyone's 13:10 14:3 apha 45:1 61:18 apologize 167:22 apparent 87:2 110:24 appear 127:11 156:21 194:11 195:15 appearances 2:1 3:3 8:15 appeared 102:13 appearing 1:25 appears 73:9 appended 195:11,18 applicability 94:23 186:22 applicable 75:15 139:14 161:21 190:7 apply 138:5 appreciate 82:9 173:5 appreciation 111:3,23
---	--	--	--

[appreciation - attention]

Page 5

112:25 113:15 118:10,25 122:15 123:18 157:13 appropriate 44:9,11 61:6 74:16 75:19 92:5,14 93:10 138:20 155:14 156:1,16 157:24 176:3 176:16 178:14 178:19,21 179:4 appropriately 93:9 95:11 105:5 171:4 188:25 approval 100:20 113:23 approved 15:5 36:17 179:3 approximately 11:15 approximating 58:2 area 14:20 17:12,19 18:22 31:20 87:10 110:19 147:23 148:23 174:18 areas 28:13 arizona 28:10 28:25 29:6,19 30:12,13 33:18	33:22 34:8 arkansas 34:20 34:23 35:17 arnold 89:2 article 4:7 56:19 57:2,9 articles 117:23 174:19,25 asked 12:10,11 12:16,17 13:6 13:9 14:2,3,7 14:22 15:22 20:14 23:13 36:2 47:21 100:18 122:7 123:1,7,19,23 123:24 124:3,4 124:9,14 125:12,15,16 136:17 141:18 151:10,21 173:22 175:11 177:13 asking 23:6,7 70:20 71:1 109:8 121:15 128:13 132:12 132:13 153:5 156:23 162:14 162:15 171:8 181:16 aspect 154:7 aspects 64:16 64:22 76:18 145:18	assess 20:11 50:18 51:13 97:9 106:13 110:20 115:23 118:11,12 assessed 59:9 154:11 assessing 22:7 48:21 59:19 88:10 96:19 148:13 assessment 22:23 50:13 52:7,10 53:3 53:11 55:14 60:12 61:9,13 66:13 72:11 74:1 76:5 78:18 83:5 85:3 87:17 89:19 97:20 100:3 102:2 103:19 120:19 123:12 149:15 153:9,25 155:23 158:14 159:13 160:10 168:24 177:7 179:14 assessments 158:16 assigned 126:24 assignment 194:2 195:2	196:2 assistance 134:7 assistants 23:10 29:8 116:1 associate 57:15 associated 35:12 38:18 50:24 52:22,23 122:3 association 41:8,11 44:25 86:17 150:20 167:21 188:9 associations 38:25 assume 10:13 136:11 143:17 assumption 121:8 162:3 assumptions 162:1 assuredly 16:25 astounded 64:21 astounding 64:4 atlanta 18:20 attached 195:7 attempt 117:14 attention 160:19
---	--	---	---

[attitudes - board]

Page 6

attitudes 76:17 attorney 8:17 40:14 192:2 australia 175:15 authored 19:23 20:3 23:21 56:20 57:9 authority 125:14 authorize 195:11 authors 57:13 automated 85:4 automobiles 187:9 available 93:9 115:20 ave 193:1 average 141:12 avoid 94:5	144:11 155:1 171:6 193:15 background 82:2 97:4,6 backroom 97:6 bad 64:24,25 based 16:1,9 18:2 19:3 27:1 27:6 54:16,20 59:1 60:18 72:11 78:4 79:10 82:24 83:1 92:25 98:14 100:3,23 109:2 111:6 112:7,23 113:20 126:23 131:10,14 133:25 139:12 140:9,23 141:12 151:24 153:9,10,16 157:21 166:24 178:21 180:22 181:22 182:3,6 182:7,13,19 184:25 185:4 186:7 188:20 basically 26:10 158:18 162:4 177:6 basing 83:5 basis 123:20 129:24 138:9 138:23 140:20	144:6,6 151:12 bathroom 67:12 79:14 95:14 98:2 144:20 baverman 2:13 8:23,23 bearing 167:4 185:4 beginning 8:16 38:21 begins 139:2 begun 70:13,22 71:4 behalf 2:2,8 8:22,24 behavior 21:12 believe 9:7 41:4 42:17 46:6,11 56:2 58:22 74:18 111:19 114:1 122:24 143:6 159:22 178:20 believed 43:20 bench 19:9 benchmarks 21:8,11 22:11 benefit 125:2 132:17 benefits 177:22 benzodiazepine 81:24 82:1 85:19	better 66:15 92:2 127:12 129:17,18 130:9,11 132:9 136:9 152:12 beyond 89:3 bias 22:24 58:13 156:18 157:16 biased 156:10 156:11 biggest 145:5 billing 11:10 binder 23:24 bit 138:17 173:13 184:21 blood 63:11 blow 58:13 board 11:25 12:13 38:3,3 38:16 39:17 42:13 45:10,23 47:2,10,18 48:4,8 49:8,15 51:5 52:11 58:17,24 62:2 65:4,10,16 70:6 71:11 72:4 73:24 74:5,15,18,25 80:16,19 81:8 81:21 82:24 83:2,25 84:4 89:11 90:5,19 101:4,8 110:13
b			
b 22:22 117:5 137:24,25 141:2 baby 34:24 back 19:4 36:14 42:21 44:13 53:7,25 55:10 95:6 106:8,11 119:10 120:2 128:18 135:13 141:18 144:2,7			

[board - cases]

Page 7

118:23 120:23 120:24 139:14 142:19 153:2 153:16 154:3,6 155:7,16 156:16 157:2 157:16 159:20 163:25 165:3 168:2 177:3 178:8,18 179:10,16,25 180:20 181:20 182:5 183:13 183:19,23 187:25 188:17 board's 152:18 153:21,25 154:19 boards 38:24 39:6 41:9,11 86:17 bobbitt 2:3 9:3 9:3 body 121:20 boiled 63:11 book 20:6,8 176:11,13,14 176:25 177:12 books 19:23,25 20:1,2 117:23 176:18 bottom 24:15 70:11 152:17 boulevard 2:4	bowles 2:8 8:19 9:2 bowlesrice.c... 2:11,12 box 23:14 breadth 64:15 64:21 break 10:17 32:10 53:16,18 67:11 79:15 95:13 98:1,4 103:2 107:21 144:19,24 149:22,24 166:24 172:8 breaking 146:19 breaks 10:16 95:2 107:3 108:7 109:1,17 109:17 bridgeside 2:4 bright 95:17 bring 126:12 broader 156:25 157:4 broke 166:21 brought 14:17 34:24 55:15 c c 22:22 141:2 ca 193:25 calculate 26:8 calculated 35:12	calculation 69:13,15 california 16:8 call 64:18 called 9:15 29:22 31:14 33:17 86:15 115:21 116:10 176:12 camera 8:10 canada 59:7 canadian 175:5 cancer 161:15 capabilities 126:24 127:8 capable 133:11 capacity 28:8 28:11,15,16 33:22 57:19 175:3,8 capsules 84:18 caption 191:21 capture 72:8 car 14:18 card 86:12 care 18:6 20:3 20:6 23:11 29:9 31:18 35:20 64:6 79:17,18 92:5 92:14 95:11,17 95:18 98:17,18 116:22,24 117:2 129:9,23 129:24 131:20	133:6,10 134:3 134:14 135:2,4 135:6,23 138:14 147:19 184:6 185:1 186:16 career 16:22 18:16 32:9,14 74:11 carolina 2:5 8:6 14:19,20 15:13 carried 75:6 155:13 carries 185:15 case 1:7 10:21 11:7 12:7 14:14,15,16,17 14:25 15:2,12 16:4,6,7,8,20 17:21 28:25 34:15,19,20 35:3 40:21,23 42:4 73:3,15 121:18 162:4 166:2 167:6 172:1,18 174:22 177:3 193:6 194:3 195:3 cases 12:24 13:2 14:13 15:8,11 16:19 17:8,10,14 22:18,19 35:23 36:12,13,16
---	--	--	--

[cases - come]

Page 8

40:1 41:2,22 42:1 60:2 83:20 84:20 86:18 91:6 107:13 cash 86:12 categories 92:16 cause 191:12 cdc 36:25 center 29:21 30:2,14 34:23 35:16 centered 88:25 certain 28:12 59:8 94:23 96:9 107:8 132:21 147:2 162:25 177:23 certainly 17:3 32:1 38:18 42:20 117:6 121:18 132:2 134:9 155:12 158:17 161:20 174:22 175:2 178:12 180:12 185:1,10 187:7 certificate 3:13 191:1 195:11 certification 194:1 195:1 certified 9:16 certify 191:8,19 192:1	cessation 21:24 cetera 60:19 61:4 62:16 78:10 166:25 177:25 181:21 183:5 chain 18:5,17 31:24 32:23 39:1 41:18 54:19 55:15 60:18 67:25 68:16 69:16 92:25 108:25 109:5,16 110:3 112:23 126:25 128:4 134:13 139:11 140:1,9 140:13,19,22 166:23 182:11 182:18 183:3,3 184:5,25 186:6 chains 126:2 182:12,19 186:8 change 67:6 68:1,5,9,10,11 69:17,19,22 127:2 131:4 172:4,6 193:13 193:14 195:8 196:3 changes 67:22 80:23 193:12 194:7 195:7,9	changing 168:9 characterizati... 152:19 153:22 charge 133:15 charging 86:13 charleston 2:10 chemotherapy 161:15 cherrypick 160:8 child 34:22 choice 116:1 choose 63:19 66:16 75:1 181:12 chose 62:8,9 63:4 65:14,20 65:25 66:9 cincinnati 2:15 cite 83:8 103:14 cited 14:13 47:22 118:3 cites 71:19 citing 70:6 citizens 33:17 city 31:14 civil 190:3,7 194:5 195:5 class 25:24 83:14,14 148:17 classes 24:18 classification 83:22	classified 83:14 clean 30:10 clear 63:16 109:7 170:12 cleveland 192:7 193:2 clinic 29:22 clinical 88:24 89:4 clinics 116:2 closely 62:16 clr 1:24 collected 50:15 54:15,21,23 90:16 100:22 102:23 183:22 college 18:24 25:14 33:22 colleges 25:19 37:6,25 58:7 59:5 colloquy 142:8 colorado 28:4 28:11 29:2 30:16,18,18,19 30:22 31:13 combination 99:20 combine 93:3 137:20 combined 93:19 come 73:14 94:21 122:1 151:22 165:12
--	--	---	--

[come - conditions]

Page 9

170:4 172:21 173:18 comes 39:10 75:22 84:2 115:1 comfortable 182:2 comment 14:22 67:17 79:23,23 106:19 137:4 138:10,24 commented 119:21 comments 52:24 63:2 65:8,20 67:4 67:24 94:13 107:2,22 128:18,20 131:15,15,24 135:18,22 137:9,16,21 142:11 146:1,3 171:10,14 177:20 commission 192:17 194:19 195:25 196:25 commissioned 191:8 committee 15:24 16:1 158:20 159:20 committees 15:22 16:13	175:5 commodity 187:11 community 18:4,5 29:9 31:15 32:23 41:19 139:11 166:23 184:24 compare 21:14 22:2 180:4 compared 169:5 185:5 compares 170:21 comparing 179:11 compilation 120:5 complaint 39:25 complaints 39:4,8,12,14,16 66:1,11 107:1 147:8 completed 11:25 191:22 193:15 completely 90:4 170:16 compliance 20:9,11 21:20 21:21 compliment 173:7	component 18:7 28:19 33:20 43:7 50:24 70:18 72:19 77:18 81:12 93:21 97:5 102:5 119:1 131:21 154:10 components 22:8 26:24 28:13 32:13 38:17 43:13 63:9 75:18 86:19 89:21 102:20 108:22 115:1 120:21 138:16,18 166:15 177:11 187:10 compound 107:19 comprehensive 176:13 computer 187:10 concept 50:4 124:20 188:23 concern 38:23 66:20 108:14 109:4,8,12 135:25 140:12 141:11 142:15 142:16 146:8	concerned 34:15 concerning 109:13,21 110:9 123:3 124:1 concerns 76:17 108:2,16 110:24 112:7 140:21 143:8 143:19 146:4,5 146:6 162:6,20 169:7 187:15 188:3 concert 78:4 concluded 189:12 concluding 162:4 conclusion 129:13 154:8 conclusions 96:14 97:12 113:5 137:3,8 148:25 162:2 condition 106:22 108:5 108:24 109:9 109:13,15,22 110:6,9 128:21 conditions 38:5 38:25 42:15 43:4,8,25 44:17 45:2,2 45:20 47:3
---	--	--	---

[conditions - counseling]

Page 10

51:1,10,19,24 51:25 52:8,11 53:12 54:5,9 54:10,25 60:15 60:21,22 63:18 64:5 65:11 67:21 72:9 74:24 75:12,15 77:14 79:7 91:8 100:7 106:14 119:15 120:14 122:12 137:19 140:16 149:17,19 153:13 163:18 188:4 conduct 42:11 43:22 80:23 90:6 92:19 conducted 8:8 20:20 42:13 44:19,25 45:10 50:12 51:9,10 59:15 60:11 120:23 179:12 188:17 conducting 27:10,13,18 98:12 99:2 188:18 conflict 126:2 conflicts 127:7 confusing 52:19	connection 8:10 29:12 82:23 83:1 connections 83:1 consider 33:14 33:23 40:10 42:23 43:23 45:3 49:2 55:23 72:21 77:24 79:2 82:18 91:7 110:25 116:12 144:5 164:3 considered 39:24 45:22,25 46:1 47:7 61:25 72:21 119:17 151:15 164:2 165:8,21 170:15,18 considering 102:19 constantly 25:7 133:2 144:7,10 constraints 63:14 107:8 140:14 construct 39:10 42:23 constructed 73:24 137:13 155:2 construction 19:19 155:14	consultant 31:19 consultation 107:12 cont'd 6:1 7:1 contacted 87:9 context 77:8 81:20 82:3,5,9 160:23 161:10 174:15 178:19 179:25 187:2 contexts 161:4 161:24 continue 170:23 continued 106:5 continuously 18:1 controlled 83:12,22 87:3 95:24 101:16 103:9 104:1,5 104:12,18,23 104:25 123:14 125:25 143:11 160:24 161:6 161:20 171:15 copy 164:8,9 165:13 corporate 80:23 125:25 126:16 127:14 129:12,14 130:22 136:1,5	142:17 182:12 corps 28:10 29:5 34:8,10 correct 10:5,6 13:4 22:4 46:9 46:21 51:19 52:14 54:6 58:4,5 62:5 69:10,15 71:13 73:7 76:25 77:4 96:15 100:1,2 101:17 114:10 139:23 143:14 145:15 149:5,18 154:21 156:13 159:23 161:7 161:24 163:23 163:24 165:8 165:19 191:17 correction 82:10 corrections 193:12 195:17 correctly 154:2 corresponding 83:9,10 84:9 126:3 counsel 8:14 10:23 46:23 165:15 181:1 190:1,10 192:2 counseling 99:16
---	---	---	---

[counted - defined]

Page 11

counted 26:10 counter 15:6 17:6 counterprodu... 129:22 country 37:24 county 2:2 8:22 31:20 191:4 194:10 195:15 couple 51:3 79:21 106:18 111:16 131:24 141:14 courage 80:4 course 16:22 25:17,25 59:25 60:1 118:7 courses 24:19 24:25 25:7,14 25:15,19 33:20 176:24 177:1 coursework 33:16 37:4,25 court 1:1 3:15 36:10,22 40:1 40:11 53:6 194:7 courtesy 173:5 covered 25:15 148:22 covid 29:18 30:2,4,24 34:2 118:13 119:1,5 119:8,13,21,24 187:24 188:2,7	188:11,14 created 22:25 24:25 credentialed 29:25 credentials 13:23 credibility 121:15 137:21 credible 158:7 credit 86:12 criminal 14:15 critical 148:14 criticism 72:16 159:10 168:19 criticize 133:4 criticized 110:11 critique 13:10 14:3,7 cross 49:17,24 crucial 79:2 119:5 148:6 crying 95:14 98:2 csa 83:9 current 25:9 32:11,12 33:15 37:7,15,21 51:14 65:22 currently 15:23 25:21 28:1,9 curriculum 24:4 25:17 26:1	custody 3:15 cutting 135:13 cuyahoga 191:4 cvs 129:5 134:11 182:11 d d 141:2 daily 14:24 dan 1:8 dangerous 83:15 96:2 data 25:8 50:5 50:11,15 54:15 54:23 59:10 100:22 127:11 130:11 156:1,9 156:12,13,20 157:5,6 162:25 166:11 181:11 184:19 188:24 date 8:2 11:9 25:9 47:4,15 48:3,4 130:12 130:14 190:11 193:8 194:3,9 194:19 195:3 195:13,25 196:20,25 day 30:6 59:14 144:5,5 146:17 152:15 192:7 194:16 195:22 196:22	days 30:6,7 81:24 193:18 dea 41:22 42:1 deadly 58:13 deal 20:6 59:18 59:23 61:20 78:22 119:1 128:8 140:17 183:5 dealing 16:6 20:5,17,24 42:5 dealt 26:12 60:17 124:15 175:1 dean 66:25 67:1 150:19 dear 193:10 death 14:21 81:24 deaths 81:25 decade 166:12 188:7 decades 189:2 decide 123:2,25 decision 88:25 decisions 156:12 deed 194:14 195:20 deemed 193:19 defined 60:1 110:19 113:22 116:6 123:11 127:6 128:7
---	--	---	--

[defined - direct]

Page 12

129:21 134:6 136:20 185:24 186:24 definite 76:8 definitely 104:10 definitive 74:4 degree 14:12 118:19 133:20 deleterious 129:6 131:16 delivered 139:8 delivery 190:9 190:11 demands 32:12 demographic 54:21,23 92:23 102:22 108:22 166:15 183:21 184:7,11 185:18 186:10 demographics 50:17 60:16 94:1,14 146:19 147:12,22 148:5,20 denigrate 97:2 department 193:22 depend 108:19 depends 8:9 108:9 148:11 deposed 9:16 10:4 12:25 13:2	deposition 1:14 8:7 11:12,17 12:3 24:7,9 56:23 57:1 72:2 173:18 189:12 191:20 193:8,11 194:1 194:3 195:1,3 depth 64:15,21 described 63:10 178:10 description 4:4 design 19:5,18 20:14,22,25 24:19,20,21 25:2,16,25 26:13 62:1 74:10 89:22 90:1 101:1 117:19 124:23 125:8 151:1 155:13 168:15 175:12 176:1 176:12,24 178:6 188:22 designed 21:3,7 22:11 25:11 61:2 90:15 169:8 178:14 178:21 designing 100:6 115:11 173:14 designs 174:9	despicable 132:17 detail 170:1 178:1 detailed 62:25 details 63:3 determination 94:15 determine 184:18 determined 81:22 determining 49:3 107:18 develop 15:19 developing 25:7 174:21 development 19:6 diabetes 98:3 diabetic 144:25 difference 75:21 80:1 121:5 130:21 130:23 179:22 182:6 185:25 186:4 differences 180:7 different 26:19 26:20 42:11 50:9 59:15 62:8 85:13 108:22 111:16 119:4 122:16	123:8 138:16 138:17 153:11 156:20,23 166:6,7 167:2 181:24 182:14 184:22 differently 67:14 difficult 78:4 118:15,17 125:24 126:10 diligence 87:17 88:8 98:13,22 99:2 126:4 127:7 diligent 113:1 dillman 117:25 117:25 169:14 176:10,20 177:5,5,12 178:3,10 188:22 dillman's 118:4 176:25 dillon 189:1 dillons 151:2,2 151:6,7 152:9 152:14 diminish 135:10 diminished 133:2 135:12 direct 71:14 82:21
--	--	---	--

[directly - dramatic]

Page 13

directly 98:6 127:6	99:23	disturbing 63:11 64:1,17 64:20 80:10,10	176:10,19,25
director 151:4	dispensing 18:11 33:4,5,6	diversion 79:8	door 127:5
disagree 37:20 71:23 79:9,10 116:17 143:15 157:8 162:8,10 162:16,22 163:2 168:14 168:18,18 181:13,13	33:9 34:16 36:3 38:19 40:2 75:12,20 75:22 76:2,13 76:24 77:15 78:14 79:7 82:20,20 85:14 86:20 88:25 91:1 95:10 96:14 97:12 98:9,19 99:8 99:15,24 100:8 100:14 102:15 103:25 104:5 104:12 119:13 122:20 138:21 139:3,10 143:8 143:20,24 145:16 146:4,7 161:15,15 171:15	80:21,24 81:3 division 1:3 docked 137:2 doctor 37:4 document 1:9 24:5 56:13 85:5 131:10 165:18 167:9 167:14 170:9 176:14	dose 34:22 35:8 dosing 35:1,12 148:3,3,4 double 131:21 doubt 103:25 107:25
disagreeing 78:15,17		documentation 84:24	dr 9:20 10:20 12:2,6,12,20 53:25 55:8 67:24 69:24 70:12,25 71:3 71:17 72:14 78:11,17 90:4 96:6 101:11 106:8 110:12 114:6 118:4 122:4 141:21 143:5,16 146:18 148:14 150:6 156:14 158:10,15 159:10 160:15 162:5,9,19 165:2 170:14 172:15,15 173:10 177:5 177:12 178:3 178:10,13,17 187:2 188:15 189:3
discern 76:16		documented 119:9	dramatic 82:21 108:18 186:17
discipline 79:18		documents 39:7 84:23	
discuss 67:23		doing 27:12,14 27:14 33:6 42:22 74:7 80:5 88:4 92:3 100:16 113:12 113:23 114:16 117:21 121:12 121:14 123:17 127:12,13 141:10,16 179:6	
disgraceful 63:12		dollar 56:8	
disgruntled 181:3,9		dollars 40:9,16	
disparate 117:5		donald 117:25 117:25 169:14	
disparately 50:9			
dispense 31:25 84:6 88:7 94:22 103:9 104:18,22 125:25 126:19 126:21 139:22	disrespectful 156:4 dissatisfaction 62:15 65:21 168:8 182:17 dissimilar 163:14 distance 86:3,6 87:22 district 1:1,2 18:21		
dispensed 30:25 34:2 35:10,15 76:9 83:19,19 84:12 84:13,19 86:5			

dramatically 186:12	dye 2:9 9:1,1	effort 65:3 124:19	70:23 71:24 72:6 73:6
draw 96:14 97:12 113:5 160:19 162:1	e	eight 30:6 173:22	75:13 76:3,20 81:18 83:4
drawing 137:3 137:8	e 1:14 2:3 3:7 4:6 9:14,18 24:10 33:18 106:6 173:8 191:9 193:5,8 194:4,9 195:4 195:13 196:20	either 14:11 16:19 17:17 55:5 85:24 86:3 102:22 113:6 192:2	86:24 87:23 89:12 90:21 91:5 93:15 94:18 96:10,16 97:19 99:3,11
drive 29:22 30:2	earlier 91:10	elaborate 21:10 29:14 85:15 115:18	101:6 102:17 103:12 104:20 106:24 108:8
drug 15:15,16 15:16,19,20,24 16:2,10,16 17:1,3,16 21:22 35:25 83:25 84:4 85:22,23 86:15 88:5	east 2:14 eastern 1:3 eat 67:12 98:3 98:4 144:24 ebobbitt 2:6 ebony 2:3 9:3 edited 174:25 edition 20:4 editor 57:15 173:19 174:2,7 174:16	elaborately 62:25 elaborating 49:14 eliminate 88:12 elsner 2:3 3:9 8:20,21 9:7,12 10:2 11:18 13:21 20:15 22:14 23:17,23 25:3,18 26:21 31:8 32:5 35:21 36:6 37:9,17 38:7 39:22 40:22 42:6 43:21 46:16,22 47:19 48:17 49:12 50:1 51:7 52:2 52:15 54:12 55:22 56:5 63:6,21 66:4 68:8,18 69:11	109:10,18 110:7 113:9 114:14 115:13 116:16 119:16 120:15 122:9 122:23 123:5 124:2,13,24 125:9 126:5,11 131:13 132:15 132:22 133:23 136:17 141:7 142:7,13 144:16 147:25 149:13 150:16 152:5 154:25 155:19 156:3 157:7 158:11 159:1 160:2 162:15 163:3 164:13,18 166:3 167:7,15 170:11 172:9 172:15 173:6,9
druggists 150:21	education 19:7 57:10,17 effect 115:5 effective 98:8 107:9 effectively 144:22 effects 18:9 efficacy 125:2 efficient 92:13 95:18 185:12 efficiently 144:22		
drugs 83:13 84:12 85:21,24 86:6 161:16,17			
due 87:17 88:8 98:12,22 99:2 113:1 126:3 127:7			
duly 9:15 191:7 191:10			
duties 33:24 76:18 77:2,9 99:25 126:4 144:13 148:10			
duty 87:4 133:15 146:2			

189:3,8 193:5 email 193:17 embraced 38:18 emergency 116:4 employ 88:24 employee 79:16 134:1 187:16 employees 183:8 employer 187:16 enclosed 193:11 encompass 96:1,8 encompasses 145:16 endeavors 117:11 enforcement 17:1 84:1,5 86:16 enhance 81:4 150:22 enhanced 80:22 122:3 152:13 entered 195:9 entire 26:24 73:14 74:11 81:21 82:5 83:6 137:22 194:5 195:5	entirely 178:20 entirety 53:5 56:7 entities 39:7 entitled 4:7 57:2 entity 41:12 environment 18:12 19:12 23:8,12 32:12 45:3 48:22 60:13 63:13 65:22 66:2,16 66:25 67:12 75:17,19 76:6 76:9,12 77:25 78:24,25 80:5 85:12 88:20 90:13 91:21,22 91:25 93:2,11 93:21 96:23 97:24 98:8 99:14 107:10 108:10 110:23 110:25 112:3,5 112:16,19,21 115:9 117:2 120:4,7 122:16 131:2,18 132:25 135:7 139:15,18 140:10,19,22 141:24 147:14 157:14 182:3,7 182:11,18	183:3,4 185:6 185:9 186:6,16 187:6 environments 43:14 64:17,23 82:14 115:3 116:18 123:9 138:15 141:9 143:2 147:20 182:22 epidemic 161:1 161:7,14 187:24 equal 66:14 78:8,8 117:5 equals 137:25 equation 92:12 equivalent 175:6 errata 193:13 193:18 195:7 195:10,18 196:1 errors 35:24 esq 2:3,3,4,9,9 2:13 193:5 essential 89:10 esteemed 66:24 118:1 estimate 27:4,5 43:5 44:15 174:5,12 estimation 38:8 67:21 69:20 79:1 90:3,12	110:5 124:25 130:22 142:22 148:19 153:18 176:20 185:21 et 60:18 61:4 62:15 78:9 166:25 177:25 181:21 183:5 ethical 22:23 evaluate 96:24 110:20 122:10 124:3,4 125:1 125:3 150:21 170:3 evaluated 130:9 131:3 136:6 175:8 evaluating 15:15 88:15 89:20 97:1 111:1 125:5 168:24 evaluation 90:11,12 99:5 107:16 112:1 148:20 evaluative 176:13 evening 165:11 165:18 event 192:3 everybody's 118:17 evidence 121:19 156:17
---	--	--	---

[exact - fact]

Page 16

exact 45:15 46:13 47:4,12 48:3,11 exactly 12:9 115:8 127:3 147:5 148:11 158:9 170:8 examination 3:7 9:15,18 21:4 106:5 173:8 examine 13:24 42:24,25 111:8 117:1 155:3 156:6 164:9 examined 111:12 112:9 114:5 116:18 174:8 examining 108:21 112:17 113:14 example 17:1 29:15 60:13 61:18 67:8 85:16 87:22 88:18 94:25 105:1,3,4 113:18 115:25 116:21 188:5 examples 21:18 25:11 27:22 86:23 87:1 183:25 184:3 187:8	excessive 186:25 exclusive 27:6 78:3 94:8 144:3 183:20 excuse 19:3 97:7 118:2 120:24 153:15 169:8 executed 195:10 execution 194:14 195:19 exhibit 3:15 4:6 4:7 24:4,7,9 47:15 56:24 57:1 164:12 exhibits 3:4 4:2 23:15 exist 125:24 126:10 existence 119:8 existing 42:14 expanded 134:24 158:5 expect 64:24 128:6 136:25 160:7 expectation 135:6 expectations 57:20,22 78:5 126:1,13 127:4 128:5 138:17 139:10 148:10	148:16 expected 58:9 64:6,23 97:25 experience 16:2 16:9,22 17:25 18:3,18 19:18 29:23 31:4,5 31:23 35:18 54:16 74:2 97:7 115:11 149:9,11 150:7 151:18 173:14 experiences 15:16 149:11 expert 4:6 13:1 13:5,11,20,22 15:3,7 16:5 17:9 24:10 34:15 35:18 36:10,17,20 112:14 113:14 116:23 118:8 147:7 148:17 169:16 expert's 13:10 14:3 expertise 15:10 16:15,18 17:13 17:20 19:17 74:3 78:19,20 89:16,16 110:19 111:22 112:1 114:20 114:21 117:7 122:6,14 125:7	125:11,17 161:11 174:18 experts 61:12 176:5 expiration 194:19 195:25 196:25 expires 192:17 explain 17:19 28:16 42:18 50:7 60:9 70:5 74:20 91:12 163:9 166:8 explains 178:1 explicit 83:1 express 142:15 expressed 82:15 108:2 178:11 182:17 expressing 53:1 external 89:20 extra 135:10,13 extrapolate 78:13 extrapolated 149:3
f			
face 54:14 80:8 103:8 134:20 187:16 facility 31:18 fact 22:5 56:3 69:5 72:17 84:25 91:7 130:9 131:19			

[fact - five]

Page 17

140:24 142:17 154:5 164:5 167:1,13 168:22 factor 49:2 72:20 107:4 110:9 115:2 186:9 factors 18:15 41:2 50:16 51:14 60:5,12 93:3 98:6 101:22 112:4 112:13,25 119:18 120:19 144:1,3 145:3 157:14 186:21 facts 82:19 faculty 18:23 33:21 37:23 59:25 67:1 fair 10:14 24:22 76:19 113:8 145:2 160:7 170:6,16 178:14 falls 99:25 133:14,14 familiar 19:16 24:1 36:25 37:2 50:4 110:22 114:23 family 128:9 famous 148:17	far 12:4 45:16 78:9 83:15 84:22 117:5 180:6 favorite 134:13 fda 15:3,22 17:4 february 11:3 federal 28:5,7 28:15,16,17,19 28:22 84:2 feedback 72:8 feel 74:6 80:5 88:21 92:2 98:15 117:20 132:24 134:9 146:24 158:3 185:5 feelings 51:18 63:18 felt 75:1 141:23 142:22 143:2 180:23 182:2,6 182:22 183:12 fentanyl 34:22 34:25 35:8 field 19:9,10 22:6 43:7 59:16 60:7,9 60:11,21,23 61:7,12,13,20 72:19 73:1,4,5 73:11,19 74:1 74:3 115:12,18 115:19,23	116:5 118:4 175:1,21,25 176:1,2,6,6 178:5 figure 61:15 82:10 170:8 fill 87:6,8,15,18 88:20 136:20 136:22 146:10 186:2 filled 84:17 88:2,22 128:11 129:20 139:6 185:17 filling 86:8 96:1,9 97:22 98:11 99:1 134:5 136:14 fills 186:14 finally 86:11 fincham 1:14 3:7 4:6 9:14,18 9:20 10:20 12:6 24:10 53:25 55:8 106:6,8 141:21 150:6 165:2 170:14 172:15 173:8,10 178:17 187:2 188:15 189:4 191:10 193:8 194:4,9 195:4 195:13 196:20	find 22:12 50:20 73:18 89:23 90:14 100:7 109:21 121:17 124:6 124:19 125:21 130:16 179:7 193:11 finding 40:11 55:24 75:11 findings 40:1,4 41:5,13 58:15 59:7 69:8 75:8 82:24 152:19 152:25 153:22 166:5 167:17 168:3 fine 9:23 finish 157:23 fired 145:10 firm 8:21,24 9:2 67:8,19 165:14 first 9:15 10:24 17:24 37:23 48:6,21 57:21 58:12 78:18 91:19 100:15 111:12 114:17 116:2 126:8 137:7 161:2 165:10,11,17 191:10 five 31:17 33:19 91:19,20
--	--	---	---

[five - generalized]

Page 18

130:25 135:24 168:16 172:8 177:24 181:11 fixed 136:24 flag 85:8,11,19 85:20 86:1,10 86:18 87:2,14 87:20 88:3,13 88:16 flags 86:15,16 86:18,21,22,23 flawed 156:12 157:6 flies 134:19 flip 44:4 flow 139:9,19 flows 138:22 139:3 focal 108:20 134:20 focus 66:19 95:1,13 100:22 118:6 144:22 174:19 focused 59:4 61:1 100:13 116:5 134:11 152:11 177:19 focusing 24:20 folder 164:12 follow 75:8 84:11 139:21 143:9 followed 37:12 176:18 188:25	follows 9:17 food 15:14,18 16:7,10,15 54:20 60:18 92:25 112:23 113:20 139:12 140:9 166:24 182:12,19 184:25 186:7 footnote 47:14 101:9,10,14 footnotes 48:3 foregoing 191:16,21 194:13 195:18 form 31:10 50:21 72:24 110:16 111:20 114:2 124:9 132:20 152:2 167:9 175:22 formation 167:10 forming 17:13 114:18 forms 84:22 fortunate 174:23 175:14 fortunately 117:9 forward 193:15 found 50:19 52:20 71:8 75:3 101:12 125:19 127:17	128:1 137:20 142:22 154:6 157:22 166:6 166:11,12 179:9 180:23 four 25:19 95:1 135:24 fourth 20:4 framework 22:7 59:20 62:23 115:23 free 194:14 195:20 frequently 86:7 front 164:10 165:3 fulfill 84:9 fulfilling 95:24 full 32:20 58:12 80:15 115:16 126:8 fully 10:9 funded 121:11 further 42:15 56:9 173:3 180:20 189:7 191:19 192:1 future 127:25 151:13,19,23	garner 121:21 gather 42:14 72:23 gender 146:22 147:4 148:6,8 general 22:7,8 43:8,12,24 50:25 51:10,23 51:25 52:7 53:2 54:5 59:20 60:12,21 61:9 74:23 75:14 76:11,14 76:24 77:3,6 79:12 80:11 81:12 92:8 97:23 103:19 106:14,22 108:4,24 109:9 109:12,15,22 110:6,8 118:16 128:20 147:21 149:17 159:13 163:17 182:10 182:17,19 185:7 generalization 120:18 148:23 generalizations 141:5 142:5 generalize 120:13 142:11 157:11,12 generalized 143:1 156:25
		g	
		gabriele 2:9 8:18 gained 117:8 game 170:16	

[generally - happening]

Page 19

generally 61:14 104:6 145:18 187:21 georgia 18:24 115:21,21,22 116:5,10,10 getting 10:18 88:10,11 134:14 151:18 give 9:10 21:18 22:22 31:9 45:14 47:4,11 71:16 73:16 107:11 112:10 113:18 116:21 117:21 129:21 154:1 179:20 183:25 190:1 190:10 given 34:3 152:20,25 191:13,18 gives 54:9 121:2,16 137:21 giving 34:1 153:7 glad 140:13,14 183:2 glasgow 175:16 go 27:23 31:11 32:6 35:22 36:7 47:12 48:2 53:25 55:9 67:11	69:12 73:13 77:20 78:1,22 79:14 86:25 90:9 91:13,17 95:6,14,21 98:1 105:8 113:19 117:13 125:23 130:15 138:21 144:2 144:20 145:11 146:12 149:24 150:17 155:1 158:13,16 159:8,15 161:17 162:17 164:15,20 171:25 183:4 goal 58:3 134:20 goes 36:14 42:21 44:12 78:20 177:25 going 19:4 22:16 24:6 32:24 39:24 42:25,25 53:19 56:18,23 59:24 59:25 63:25 73:15,25 90:17 91:8,19 92:10 92:20 97:9 100:17 106:11 107:19 111:14 115:8 116:3 119:10 121:3,5	121:21 122:17 125:1,18 127:17,18,19 127:23 128:18 129:8,9 131:2 131:4,4 135:7 137:2 144:21 145:6,7,8,10,10 145:11 155:3,4 155:5 158:12 159:2 170:3,19 170:20 171:2 177:8,9,14 179:20 188:24 189:10 gold 176:20 good 9:21 10:11,19 120:7 government 28:5,17,19 graduate 19:7 30:20 graduation 31:12 grammar 177:19 grant 15:18 150:20 175:9 grants 16:11 great 2:15 9:24 170:1 178:1 greater 18:20 grocer 68:16 69:16 108:25	grocers 109:16 grocery 39:1 67:25 109:4 110:4 182:8 184:5,15 186:2 ground 10:7 group 142:24 151:11,22 152:14 178:24 groups 150:24 growing 38:23 guess 25:14 109:11 156:23 182:25 guidelines 37:1 37:3,8,10,16,21 37:25 gwohl 2:11
h			
h 33:18 halfway 48:6 hammer 169:17 hammered 168:22 hand 192:6 handle 88:16 145:1 happen 105:5 139:5 happened 21:14,15 22:13 happening 138:19			

happens 78:1 127:17 happy 164:14 hard 69:21 head 42:8 heading 57:20 health 17:17 20:3 24:18 117:3,4,6 175:6 healthcare 19:11 22:8 29:20 117:7,17 118:18 hear 10:9 137:6 heard 8:11 10:13 85:7 111:16,21,23 167:23 heartfelt 179:21 heavily 19:8 hello 9:20 help 14:1 92:11 128:14 132:8 134:7 135:14 152:9 henschel 2:18 hereinafter 9:16 hereunto 192:5 higher 49:7 57:22 186:8 highly 181:20	highway 14:19 14:21 hill's 15:1 16:7 hired 133:3 home 88:1 homes 31:19 honest 66:18 hope 9:23 hoped 179:22 hoping 121:4 horribly 64:25 hospital 139:12 140:11 hospitals 29:20 hour 10:17 89:6 95:2,15 134:1 136:13 144:6,6 hours 11:6,8,15 30:6 79:17 93:1 95:3,17 106:20 134:2 135:3,4 184:8 184:14,22 185:4,8,13 human 17:7 hundred 145:22 hundreds 186:24 hung 145:23 hurt 145:7	i idea 96:18 148:15 169:24 171:12,18 180:8 identification 24:12 57:6 identified 41:18 identify 42:3 ignored 140:18 140:21 ignores 96:2 ii 83:22 84:15 illinois 16:8 immediately 67:15,22 impact 65:5 68:10 76:8 81:3 82:21 83:6 85:22 91:8 93:22 95:4 98:5 103:25 104:7 110:5 123:13 124:11,18 127:24 129:8 145:3 147:17 151:7,25 163:15 164:6 176:17 180:16 180:18 183:12 185:14 186:15 186:17 187:17 187:24 188:7	impacted 43:25 51:1,15 100:1 103:8 118:18 163:18 impacting 84:5 104:5 112:25 125:20 144:7 144:10 impacts 17:2 17:16 18:14 32:25 81:11 91:23 104:10 110:2 111:4 115:4 146:16 185:10 impediments 129:4 impinge 98:6 112:4 impinging 157:15 implementati... 20:22 implicate 101:16 importance 68:11 88:13 important 37:11,11 61:1 68:12 69:22 73:5 91:11,24 92:5,11 102:18 105:4 107:4 119:6 129:10 131:7 146:21
---	---	--	---

[important - instruction]

Page 21

147:16 148:21 153:19 158:7 178:1 imposed 136:4 impossible 145:9 improper 81:2 82:20 improve 65:10 improving 155:10 inability 135:13 inappropriate 18:10,11 103:22 134:10 159:14 incalculable 95:20 incapable 133:12 incentives 41:23 include 46:3 50:16,16 98:19 101:22 150:24 included 38:17 75:11 146:6 184:12 187:19 187:20,22 193:13 includes 11:9 41:19 99:16 including 98:8 98:21 99:15	104:1,11 107:6 168:1 inclusive 77:23 93:6 144:4 146:15 150:25 inconsequent... 79:1 incorporated 195:12 increase 68:23 69:2,6 70:5 incredible 78:19 133:8,17 185:9,22 incredibly 64:1 82:17 independent 18:4 27:5 31:21,24 32:23 40:25 54:19 88:15 108:15 138:14 140:10 182:15 184:5 186:7 index 3:1,4,5 4:2 5:1 6:1 7:1 indicate 63:17 87:11 93:21 136:1 172:5 182:5 indicated 40:1 62:14 64:3 67:9 82:17 92:23 102:8,8 102:21 140:25	165:24 166:18 167:8 183:18 indicates 40:16 74:3 135:25 155:11 166:4 179:20 180:23 181:17 182:1 indicating 65:21 83:7 193:13 indication 182:20 indicator 85:11 individual 67:3 67:20 80:3 86:7 102:4 107:21 113:1 121:13 129:24 134:2,25 135:20,22 142:1 176:8 individual's 62:24 107:1 116:1 individualized 88:24 individually 30:4 137:24 individuals 14:10 23:11 33:25 64:16,22 66:21 69:6 116:7 121:13 129:3 141:23 169:13 187:8	infant 34:22 influence 40:19 40:21 108:18 inform 16:19 77:8 information 42:14 54:21,23 78:14 160:23 161:3,24 183:22 185:18 initial 11:10 initially 155:2 initiation 29:18 initiative 124:6 input 36:2 ins 116:23 insignificant 69:19 instance 39:5 87:21,24 88:6 94:3 instances 22:1 116:8 institutes 175:5 institution 92:25 183:2 institutional 18:5 54:18 60:17 108:13 112:20 138:13 140:11 182:16 184:6,23 instruction 190:2,10
---	---	--	---

[insufficient - kinds]

Page 22

insufficient 90:20,22 103:22 integrated 25:24 integrating 26:16 intended 50:22 58:6 75:5 178:22 intending 100:23 157:10 intense 85:23 intent 13:7 27:9,17 50:10 71:21 72:7 120:16 intently 117:14 interact 33:20 interaction 85:20 151:9,14 interactions 23:7 33:25 161:16 interested 192:3 internet 8:10 interpret 79:5 89:10,18 91:3 interpretation 175:13 176:1 interpreted 174:9 176:6 interpreting 135:19 173:15	174:20 177:2 178:7 interstate 14:19 intertwined 89:14 invalid 96:17 160:11 inventory 94:4 invoice 11:1,4 involved 14:21 15:4,13,14 19:8,13 20:21 20:21,25 22:24 24:20 35:24 36:17 41:20 77:3 82:1 112:13 113:16 176:22 involving 34:20 irrelevant 70:4 91:7 128:24 isolate 82:4 144:13 isolated 146:2 isolating 82:8 145:25 159:16 issue 39:15 102:5 108:17 140:17 141:2 142:23 158:6 issues 16:23 20:6,9 125:20 168:25 187:5 188:13	issuing 121:20 item 15:4,6 73:15 86:13 137:24,24,25 137:25 168:16 168:16,23 169:9 184:7 items 52:21 53:13 54:21 59:19 62:17 77:24 78:3,3 85:25 86:14 90:16 91:9,17 92:22,23 93:8 94:7,8 95:1 102:22,23 140:25 141:13 144:21 168:13 169:18 177:21 177:24 178:14 179:15 180:11 181:11 184:11 j jack 1:14 3:7 4:6 9:14,18 24:10 106:6 173:8 191:9 193:8 194:4,9 195:4,13 196:20 jane 151:4,7 january 10:25 jdye 2:12 jessica 2:13 8:23	jkbaverman 2:16 job 118:17 182:9 184:16 186:1,3 187:17 jobs 118:15 john 61:18 jordan 2:9 9:1 journal 4:8 57:4,10,16 journals 26:6 173:20,24 174:2,17 175:1 175:4 judge 1:8 judgment 88:15,24 89:5 89:25 june 192:7 193:4 k k 2:13 kansas 150:19 152:1,10 keep 32:11 key 72:18 75:18 177:11 kind 10:7 35:19 50:24 120:18 127:15 134:16 140:12 kindly 171:4 kinds 16:17 18:12 39:9 67:20 99:22
--	---	--	--

[kinds - listed]

Page 23

111:9 128:3 129:3 168:10 177:24 188:11 kingdom 175:19 knew 64:23 179:18 know 10:7,10 10:17 20:16 21:8 25:13 41:17 46:2,10 46:14 56:2 61:11 65:18 66:7 70:24 80:7 82:9 89:21 90:23 110:8 112:19 117:13 119:11 119:23 130:12 130:14,17,20 141:25 144:17 145:24 147:23 148:18 156:5 158:24 163:21 168:7 170:18 171:8,11,13 177:15,16 knowledge 16:15 89:8 90:25 117:8,17 known 150:10 161:16 knows 79:7 kroger 2:8 8:19 8:25 9:2 39:21	40:2,8,16 41:6 41:16,18,20 42:5 55:12,18 107:6,24 108:1 126:25 127:10 128:19 129:2 129:16 130:11 131:24 133:22 134:16,18 135:4,11,18,19 135:21 141:5 142:12,12,15 142:16,19,22 143:1 150:7,11 151:3,3,6,9,11 151:15,16,18 152:3,13 153:15 158:2,7 169:23,24 171:10 181:1 183:7,20 kroger's 131:9 132:14,21 134:11 136:11 kurt 2:18 l l 1:24 191:6 192:14 lab 19:10 lack 79:19 107:3 land 115:24 large 41:18 51:6 54:19 62:20 67:25	68:16 69:16 108:24 109:16 110:3 126:1 128:4 140:1,9 larger 68:15 162:25 late 17:11 32:8 164:14 law 8:21,24 9:2 84:12 139:21 lawful 9:14 laws 91:1,4 lawsuits 55:14 lay 115:23 lead 99:21 leading 95:23 leap 143:6,10 learn 55:11 learning 33:19 leave 145:13 left 30:19 54:1 56:8 183:3 legal 13:13,16 14:5 193:1 196:1 legitimate 97:18 99:9 length 184:8 letter 84:11 193:19 level 127:14,22 license 28:6,6 28:12,19,23 30:17	licensed 17:25 28:3 29:1 30:21 43:10 lie 132:4,7,9,10 life 33:19 67:14 likely 65:2,15 66:1 likert 52:21 53:13 55:5 62:14 82:15 92:21 93:20 94:2,14 100:4 102:22 132:24 137:17 140:7 140:24 141:13 157:19 168:13 168:23 169:10 169:18 177:21 180:11 181:10 183:17 limit 107:15 limited 36:22 38:9 52:12,18 83:20 166:18 limits 84:17 line 177:16 181:4 193:13 195:7 196:3 liquid 84:19 lisa 2:4 9:5 list 12:24 24:3 78:2 107:25 144:9 187:15 listed 12:4 62:17 91:18
--	--	--	--

[listed - make]

Page 24

130:8 195:7,17 listening 128:13 listing 93:6 195:7 lists 77:23 literature 25:9 119:9 122:1 169:12 litigation 1:6 8:4 193:6 194:3 195:3 little 34:19,23 35:17 137:1 156:22 173:13 live 28:25 llc 2:2 llp 2:8 loads 140:2 located 8:5 40:7 location 90:10 logged 11:2 long 11:14 18:6 31:18 33:19 86:3 87:22 93:2 119:8 138:14 147:13 184:6 185:1 188:14 look 24:14 43:2 43:8 44:20 47:14 50:11,25 51:8,10 52:19 52:25 55:3	56:6,12,18 59:2,10 60:3,5 61:17 66:20 67:19 71:5 72:19 75:17 76:15 80:8 81:21 82:5,19 83:12 85:13 90:4 92:21 93:4,16 94:7,9 94:10,13,25 95:6 97:8,8,21 97:23 100:12 100:15 101:9 102:3 107:2,5 108:10 109:24 110:1 111:5,13 115:14 116:25 117:11,15 118:24 121:24 122:11 123:1 123:24 124:16 130:1,11 132:23 136:8 137:12,23,24 138:11 142:24 146:13 154:15 155:2,3,4 156:20 168:6 168:10 169:13 170:4,24 171:17 172:3 179:14 180:10 181:10,13 182:10,24	188:24 looked 27:2 40:23 45:1,21 46:2 70:12,21 71:3 114:25 115:25 116:1 116:22 123:6 129:16 137:15 157:18 158:1 167:14 170:1,2 looking 17:4 38:10 55:25 56:17 59:13 60:13 61:21 69:24 72:18 74:22 75:14 79:5 80:2 81:10 85:16 92:22 94:10 109:25 111:18 114:23 121:12 125:6,10 128:22 134:15 135:17,20 148:3 153:3 155:6 170:5 looks 61:2 176:14 lot 74:17 77:2 121:2 lots 16:23 64:18 98:21 99:14 107:22 115:4	loud 95:15 98:2 lsaltzburg 2:7 lunch 79:15 103:1 106:11 144:24 luncheon 105:13
			m
			ma'am 149:7 madam 193:10 made 25:7 29:7 39:8 55:20 67:17 68:15 83:2 118:15,16 131:24 135:21 155:18,23 194:7 major 25:19 29:20 72:20 93:22 109:4,5 109:8,12 110:23 117:22 142:16 151:25 180:18 majority 147:8 majorly 109:13 make 23:20 24:7 30:9 51:4 54:1 55:4 66:13 67:6,22 78:4 79:25 89:24 90:11,12 92:2 94:15 97:20 99:4 100:3 105:6

107:14 109:19 113:2 121:5 127:11 129:19 130:10,21,23 132:9 136:8 142:5 145:6,8 148:20,25 150:25 152:12 154:24 155:9 155:25 157:20 160:9 162:1 163:20 164:11 164:13 179:22 180:21 183:1 makes 69:18 99:14 134:17 137:22,23 making 82:23 82:25 83:17 88:25 121:9 127:4 133:13 141:4 142:4 156:12 162:3 male 147:9 man 117:24 managed 23:11 116:22,24 117:2 151:3 management 107:12,16 113:24 manager 18:21 31:16,21 92:9 manner 81:5 138:20 155:15	manufacturer 84:21 manufactures 187:9,10 manuscripts 57:13 march 11:3 marijuana 14:24 15:13 17:3 marked 4:4 24:11 57:5 186:7 market 54:20 60:18 92:25 112:23 113:20 139:12 140:9 166:24 182:13 182:19 184:25 master's 14:12 25:14 material 165:7 materials 12:3 24:25 25:6 37:3 45:22 47:6 164:2 matter 8:3 28:23 67:16 89:17 102:7 114:9,12,12,15 129:6 134:10 138:22 139:3 139:18 148:8,9 matters 129:7	mcnamee 72:1 mcnamee's 71:19 md 1:7 mdl 1:6 mean 13:15 21:9,11 44:10 51:24 67:21 70:1,15 72:15 74:20 80:25 90:1 125:13 148:16 156:4 172:16,21 meaning 73:11 means 71:2 113:16 124:11 145:25 meant 51:5,17 120:8 124:20 measure 137:13 147:12 162:8,21 medical 26:6 28:9 29:5,21 30:2,14 34:8,9 34:23 35:16 99:10 117:17 medication 15:25 16:24,24 30:25 33:4,9 33:16 34:2 35:15 75:23 88:2,7 94:22 107:11,16 139:9	medications 14:23 16:3,24 17:5,6,16 18:10 21:21,22 21:23 31:25 35:25 84:7 94:24 99:22 100:8 128:10 medicine 116:15,20 meet 11:16 126:24 127:21 131:19 178:9 melsner 2:6 member 18:23 37:23 67:1 79:11 members 23:2 men 147:1 148:3 mental 95:19 mention 19:3 26:4 41:21 186:9 187:23 mentioned 12:25 16:14 29:3 31:4 79:21 106:18 128:15 136:12 168:1 169:3 178:3 183:6 186:24 mentions 101:13,25
--	--	---	---

[met - national]

Page 26

met 11:18 188:17 meta 116:2 metabolic 98:5 method 121:9 121:11 176:12 188:22 methodologies 176:15 methodology 13:25 20:7,12 20:18 21:24 26:13 27:3 89:22 90:2 110:17 111:21 115:7 116:14 116:25 117:19 120:22 124:22 169:1,16 177:4 178:6 methods 19:24 21:24 24:18,19 176:24 metric 107:18 123:13,13 124:16 metrics 41:23 107:7 113:19 124:10,11,16 124:17 126:18 127:4 129:4 131:10,16,20 131:25 132:1 135:22 136:3,6 136:7,11,19	146:9 169:7,8 metropolitan 29:20 michael 2:3 8:20 193:5 microphone 8:10 middle 80:15 126:8 160:18 midwest 193:17 196:1 miles 87:25 146:14 milliliters 84:18 million 40:8,15 mind 23:18 56:15 68:11 79:25 107:13 120:2 143:12 143:24 144:2,8 144:11,12,23 145:19 147:3 157:24 160:14 minds 118:21 minnesota 19:8 30:21 61:19 176:23 minor 180:7 minute 47:11 53:18 89:5 145:4,13,13 146:17 164:15 172:8	minutes 107:17 128:12 170:6 mirrored 62:16 misdispensing 35:24 mischia 2:19 9:12 misleading 68:5 misprescribed 35:8 misprescribing 34:21 mississippi 15:18 missouri 44:24 45:8 46:18 47:2,10,18 48:4 103:6,11 167:18 178:25 mistake 46:25 145:7 misuse 16:25 18:9 money 22:19 monitor 94:4 monitored 105:5 monitoring 98:22 99:16,19 104:12 151:5 monitors 41:9 montgomery 2:2 8:22	month 123:10 123:17 131:5,5 months 30:3 montrose 31:14 31:15,20 morning 9:21 9:22 40:7,24 56:1 106:19 motley 2:2,19 2:20 8:21 9:4,6 9:9 motleyrice.com 2:6,6,7 mount 2:5 8:5 moved 31:13 mtms 107:11 107:15 mutually 27:6 78:2 94:8 144:3
n			
nabp 41:12 nailed 127:18 127:19 name 9:11 129:5 193:6 194:3,4,15 195:3,4,21 named 86:21 117:25 191:9 narcotics 83:15 national 1:6 8:3 41:11 44:24 45:9 47:23 48:1,8,8			

[national - objection]

Page 27

61:23 86:17 126:25 150:20 153:12 167:19 179:1 193:6 194:3 195:3 nationally 97:3 nature 23:4 35:5,7 150:13 169:21 necessarily 39:24 42:16 117:12 necessary 73:18 75:2 91:2 need 10:17 28:8 37:12 64:12 67:18 72:21 77:18,24 80:6 80:6,8 81:6 85:13 88:2 89:16,23 90:14 91:20 98:16 102:9 110:15 110:21 112:13 113:13 117:12 129:23 130:6 132:20 133:1 134:14 155:25 159:15 169:17 170:24 172:4 needed 67:5 71:5 74:6,7 130:2,7 142:23 143:2 158:4,5	needs 66:19 72:20 102:6 111:19 136:24 139:16 negative 17:17 64:5,15,22 120:5 131:21 142:11 181:18 negativity 107:7 neglected 19:2 net 125:3 network 151:6 neutral 146:22 168:14,17 181:12 never 117:5 168:15 169:10 169:11 new 70:8 83:21 84:14,16 128:11 180:9 nice 141:24 nicely 178:15 night 59:14 170:2 171:22 nih 175:7 non 15:24 21:21 58:13 62:6 149:1 northern 1:2 notarized 193:14 notary 191:6 192:14 193:25	194:10,18 195:15,23 196:23 note 8:7 65:7,9 101:14 193:12 noticing 8:16 number 4:4 11:8 26:10 36:13 50:16 62:19 69:16,21 69:23 107:10 107:11 110:1,1 161:18 176:25 177:15,23 180:8 184:7,10 184:13,22 185:4,13,16,22 186:1,10,13,19 193:7,13 numbered 26:14 numbers 62:22 69:9,23 116:6 195:7 numerical 52:22 numerous 13:2 15:22 17:10 21:16 23:3 39:13 41:5 61:20 116:8,9 175:8 181:23 nurse 29:8 nurses 29:7	nursing 31:19 nutrition 15:1 o o 33:18 oarrs 85:4 101:15 102:13 146:13 object 31:10 objection 5:3,3 5:4,4,5,5,6,6,7 5:7,8,8,9,9,10 5:10,11,11,12 5:12,13,13,14 5:14,15,15,16 5:16,17,17,18 5:18,19,19,20 5:20,21,21,22 5:22,23,23,24 5:24,25 6:3,3,4 6:4,5,5,6,6,7,7 6:8,8,9,9,10,10 6:11,11,12,12 6:13,13,14,14 6:15,15,16,16 6:17,17,18,18 6:19,19,20,20 6:21,21,22,22 6:23,23,24,24 6:25 7:3,3,4,4,5 7:5,6,6,7,7,8,8 13:21 20:15 22:14 25:3,18 26:21 31:8 32:5 35:21 36:6 37:9,17
--	---	--	---

[objection - ongoing]

Page 28

38:7 39:22	155:19 156:3	54:5 58:17,24	40:14 41:8
40:22 42:6	157:7 158:11	59:16 60:8,14	42:22 44:14
43:21 46:16	159:2 160:2	61:22 62:2,19	46:6,25 47:13
47:19 48:17	163:3 166:3	63:18 70:6	47:17,22 49:1
49:12 50:1	167:7,15	72:4 73:24	50:8 68:13
51:7 52:2,15	objections 3:5	74:15,18 81:8	69:14 70:5,10
54:12 55:22	5:1 6:1 7:1	81:21 85:2	72:3,13 74:22
56:5 63:6,21	obligations	88:19 89:11	81:1 83:8,16
66:4 68:8,18	95:25 160:24	90:5 93:23	90:3 91:13,16
69:11 70:23	161:6	101:4,8 103:4	93:3 94:12
71:24 72:6	observing 33:5	106:14,23	95:10 96:12
73:6 75:13	obtain 88:4	108:5 109:1,16	103:14 104:25
76:3,20 81:18	obtained 60:17	110:13 118:22	105:6 108:3
83:4 86:24	obviously	120:14,23,24	109:23 110:11
87:23 89:2,12	41:19 68:9	123:14 127:2	113:17 118:5
90:21 91:5	occurring	128:21 141:6	123:10 124:4
93:15 94:18	30:11	142:19 148:2	134:25 138:11
96:10,16 97:19	october 192:17	149:12 153:2	142:3,10
99:3,11 101:6	offer 35:2	153:16 154:5	143:22 149:8
102:17 103:12	110:12 114:7	157:2,13	154:5 159:4
104:20 106:24	117:18	166:16,21	161:9 162:5
108:8 109:10	office 116:4	167:3,18 168:2	163:20,25
109:18 110:7	192:6	169:5 177:3	164:11 168:13
113:9 114:14	official 194:15	178:8,17,24	169:6 171:20
115:13 116:16	195:21	179:10,24	171:23 172:7
119:16 120:15	ohio 1:2 2:15	180:20 182:4	174:1,6,12,24
122:9,23 123:5	11:25 12:13	183:13,19,23	176:5 177:2
124:2,13,24	38:3,3,15	187:25 188:17	181:6
125:9 131:13	42:12,16 43:3	191:2,7 192:7	old 148:9
132:15,22	43:11,20 44:2	192:15 193:2	once 10:16
133:23 136:17	44:17 45:4	okay 10:10,18	102:8
141:7 142:7,13	46:15 49:8,11	12:23 14:1	ones 27:24
144:16 147:25	49:15,17,24	15:12 17:22	48:24 95:7
149:13 150:16	50:22 51:2,5,6	29:17 32:18	ongoing 160:25
152:5 154:25	51:19 52:11	33:7 38:11	161:14

[online - own]

Page 29

online 15:19 55:14,16 85:4 operation 122:7 opiate 1:6 8:4 193:6 194:3 195:3 opinion 16:20 35:2,6 38:11 38:15 43:15,18 44:6 49:15,23 55:5 69:15,25 73:2,3 74:15 75:10 83:8 89:15 90:20 93:12 95:22 96:7,15 97:11 102:15 108:3 110:16 111:20 113:4 114:2 117:18 122:7 122:20 131:23 132:14,21 136:10 143:5 143:16,23 146:21 152:24 153:5 154:13 158:23 159:5 159:25 162:17 163:9 164:4,4 168:24 178:16 180:16 186:15 188:16 opinions 12:20 15:11 17:13	40:20,21 49:10 55:20 56:11 96:17 114:7,18 124:10 131:9 133:21 152:2 164:7 165:21 165:23 166:2 167:5,13 171:25 172:17 opioid 10:21 31:25 34:15 38:19 75:20 76:13,23 78:14 79:8 80:21 81:2 82:1,19 85:6,18 87:3 88:7 95:10 96:2,14 97:12 98:9,9,11,19,19 98:22 99:1,8 99:15,24 100:8 100:13 119:13 122:20 143:24 145:16 146:4,6 146:11 161:1,7 161:14 opioids 37:1 38:12,16 40:2 75:12,23 76:2 76:8,11 77:8 77:15 81:16 82:19 89:1 95:7 97:17 98:22 100:11 100:13 101:13	102:12,15 104:1 143:9,12 143:20 162:7 162:20 171:15 opportunities 20:10 151:24 175:15 opportunity 152:8 opposed 86:12 166:20 order 29:25 81:19 84:9 90:10,12 97:9 113:23 134:3 136:6 ordered 84:20 orders 94:5 184:10 oregon 46:25 163:25 165:3 165:25 167:3 167:24 169:1 169:25 188:6 organization 27:10,18 28:22 29:3,6,12 121:14,23 122:2 organizations 19:21 42:10 116:22 156:11 origin 157:19 osher 33:18	outbreak 188:11 outcome 22:20 22:23 182:4 outcomes 17:18 20:19 21:5 22:2,3 121:6 153:14 outline 189:1,1 outpatient 139:13 outreach 29:10 outs 116:23 outside 116:14 187:2 overdose 81:25 overdosed 81:23 overgeneralize 120:10,12 overlapping 84:3 overloaded 82:18 overly 148:14 oversee 30:9 overseeing 67:2 oversees 132:5 oversight 120:25 179:17 overtime 135:10 own 71:11 89:24 133:17 142:20,20,24
---	--	--	---

[own - pellegrino]

Page 30

153:25 154:7 154:13 183:7,7 owned 151:6 owner 31:15,21 owners 184:24 oxford 175:19	pain 37:1 pamela 14:14 pandemic 118:14 119:21 paper 27:1 46:4 59:3,13,14,18 papers 20:17 22:18 26:5,12 26:15,25 27:24 61:20 paragraph 38:22 41:15,21 42:10 44:6 48:6,21 58:12 62:25 63:1 69:2 80:15 81:21 82:6 83:6 85:17 103:4 126:9 128:16 143:4 160:9,18 paralegal 9:8 paralegals 9:8 11:19 parametrically 61:2 parcel 77:17 part 14:11 18:16 22:6 24:2 25:17 31:15 35:8 47:6 71:14 73:2 76:14,24 77:16 86:9,14 102:2 103:24	117:6 121:9 122:21 124:21 137:7,12 159:25 175:9 176:7 195:9 participants 8:11 121:23 participated 151:8 participating 64:12 particular 40:23,25 41:15 42:21 49:20 50:8 59:3,13 59:24 60:1 85:14 89:22 90:13 91:14 108:9,20 110:18 111:2 111:11 115:9 122:18 126:22 139:17 157:22 160:8,9 166:19 168:19 174:19 179:4 party 192:3 passed 34:24 past 13:18 16:11 87:7 114:24 patient 18:14 20:6,9,11 21:20,21 35:11 36:1 43:25	51:1 65:5,11 66:12 77:7 81:4 86:2 88:10,25 92:9 92:12 96:1,8 99:19 107:17 111:5,24 119:14 120:8 124:12 128:7,8 129:11 134:18 139:8,8 144:23 145:7,16,19,20 146:11 147:19 147:20 157:15 185:10 186:16 patients 19:11 19:14 23:7 35:25 64:6 96:3 98:17,20 99:16,17 113:2 129:23 131:20 132:18 134:3 135:2 patrolmen 14:21 pay 135:10 paying 86:12 pdmp 101:16 102:13 pease 2:13 pediatric 35:1 peer 173:20 174:7 175:1 pellegrino 1:24 191:6 192:14
p			
p.m. 189:12 packaged 139:7 page 24:15,16 26:4 38:20 42:9 44:3 48:5 48:6,13,15,18 58:12 65:1 67:9,23 70:12 71:16 74:12,13 74:14 80:13,15 91:16 95:21,22 95:23 101:9 103:3 125:22 138:1,2 139:4 140:5 149:20 152:16 158:13 158:14,17,17 158:21 159:8,8 159:16,16,17 160:9,17,20,21 166:23 168:8 193:13,15 195:7 196:3 pages 25:5 160:12 paid 11:3 40:16 134:3			

[pennsylvania - pharmacist's]

Page 31

pennsylvania 127:2	112:7 120:20 163:17	pertain 18:9	139:21 141:5,6
people 62:21	perceptions	pertaining	142:12,25
67:2 95:20	52:13	15:12 16:15,23	143:18 150:7
107:5 116:7	perfectly	17:5 21:22	151:16 152:3
120:6 127:5	141:10 181:15	41:6 85:14	169:25 184:25
131:16 132:10	perform 33:24	91:1	185:1
133:19 134:14	period 18:25	pertains 17:20	pharmacist
135:7,15 136:3	32:10 88:5	17:22	17:25 18:3,22
136:25 137:17	113:22 123:11	pertinent 41:14	28:2 30:25
157:1 174:17	124:20 126:22	56:16 95:9	31:3,16,19
181:14,20,23	127:6 128:7	pet 15:1 16:7	33:12,15,24
182:2,6 183:1	129:21 131:6	ph.d. 1:14 3:7	63:10,25 64:18
perceived	134:6 136:20	4:6 9:14,18	64:20 76:15,18
51:11 52:8	152:7 169:11	24:11 106:6	76:25 77:4,9
60:21 151:23	184:11 185:24	173:8 191:10	83:11 85:1,12
percent 46:11	186:25 188:2	193:8 194:4,9	87:4,6,15,18
58:2,8,19,22	permission	195:4,13	88:7,19 89:7
61:6,8,14 66:9	100:20	196:20	92:3,4 93:8,11
68:23 69:3,4,6	person 27:9,18	pharmaceutical	95:5 96:20
69:10,10 70:3	67:16 69:17,22	57:10,16 125:6	100:1 103:16
81:22,25 110:3	80:11 87:11	147:23 167:21	111:1 112:6,21
110:3 145:22	92:6,11 129:10	188:9	113:7,7,11
percentage	168:15	pharmacies	120:20,25
45:17 46:13	personally	18:13 32:22	122:5,13
52:23 59:8	22:25 194:11	33:9 39:1,17	127:16,18
68:16 141:12	195:15	40:3 41:22	128:25 131:1
percentages	personnel	45:20 51:2	133:15 135:1
116:7 180:11	186:11	54:6 55:15	143:11 144:18
percentile	persons 67:17	80:20 87:10	145:9 147:3,4
48:11	perspective	106:15,23	150:10 151:8
perception	74:8 125:6	108:5,25 109:5	180:9 183:8
53:11 60:15	persuasive	109:5 110:4	186:14
72:23 74:2	161:1,19	111:22 119:4	pharmacist's
75:16 82:13		120:14 122:8	75:22 149:16
		134:15 138:6	

[pharmacists - physician]

Page 32

pharmacists	121:3 122:17	34:3,7 35:10	122:5,11,13,21
12:14 18:13	124:11,17	35:14,16,20,24	126:1,12
20:5 23:1,9	126:2 127:7,10	37:5,6,13,23	129:14 133:20
29:7 33:1	128:25 129:1,2	38:1,1,3,4,16	138:4,13,15,23
38:24 42:17	130:18 131:25	38:24 39:6	139:4,11,12,16
43:9,20,23	133:10 134:25	41:10,11 42:13	140:1,9 141:9
44:7,18 45:1	135:12,21	43:10 44:1	142:19 146:22
48:23 49:10,17	140:10,12	45:10,24 47:2	148:2,7,15,18
49:25 51:6,11	141:8 142:15	47:10,18,23	150:19 151:4,5
51:15,19,24	142:21,25	48:5,9 49:8,16	151:13,20,22
52:1,8,13	143:3,8,18	51:5,16 52:11	151:23,25
53:11 54:10,25	144:4 145:6,18	54:20 58:8,18	152:1,7,10
58:18 60:14,22	146:8 147:9,9	58:24 59:6	153:3 154:6
62:8,13 63:4,8	149:4,9,12	60:18,18 62:3	155:8,10 157:2
63:12,19 64:11	150:21 151:1,9	64:10 70:6	157:11 159:21
65:2,4,14,15,20	151:11,16,19	72:4 74:5,15	160:25 161:6
65:25 66:2,9	152:3,7,9,14	74:25 77:7	161:11 164:1
68:16 69:4	153:12 162:6	78:21,23 79:7	165:3 166:25
70:8 72:8	162:20 163:1,6	81:8 82:25	168:2,9 178:8
75:16 76:17	163:10,18,22	83:2,25 84:4	178:18 179:10
77:18,24 78:21	179:18,18	86:5,17 89:8	179:17,25
81:1 82:13	181:3,9 182:18	89:11 90:5,8,9	180:21 182:5
83:17 84:6,8	182:22 184:15	90:19,24 91:2	182:15 183:14
88:14,17,23	184:23 185:14	93:1,22 96:22	183:23 184:5
89:4 94:3,15	188:3	97:5,5 101:4,8	184:24 186:11
95:24 96:3,21	pharmacy 12:1	101:20 104:8	187:3,25 188:8
97:16,24 98:11	12:13 18:17,20	110:13,19	188:17
98:15,25 99:8	18:24 20:3	111:4,23 112:1	pharmacy's
100:7 103:7	23:2 24:17	112:12,20,24	71:11 74:19
104:4 107:6,23	28:12,18,23	113:20 114:11	phone 193:3
107:23 108:1,6	29:11 31:6,12	114:15,21	phrase 139:2
108:12,14,25	31:16,17,21,21	115:9 116:15	physician
109:16 110:21	31:24,24 32:10	116:19 117:17	23:10 29:8
118:14,22,25	32:15,24 33:3	118:23 120:23	35:9 92:7
119:23 120:3	33:12,22 34:3	120:24 121:1	115:25

[physician's - practice]

Page 33

physician's 116:4	please 8:7,14 21:10 27:5	134:24 135:19 136:12,15	136:6
physicians 29:7 129:19	29:17 38:9 53:4,16 60:10	policy 130:12 130:17,24	possible 53:15 65:13,24 66:8
pick 134:12	71:15 74:13	131:4 134:4,10	118:20 119:11
piece 185:18	76:22 141:18	134:17 135:1,5	149:21
pinpoint 111:17	149:22 156:8 170:23 193:11	135:15,15 136:2,5,24,25	post 106:11
pinpointing 73:20	193:11	158:18 159:18 180:21	potential 118:6 150:22 173:23
place 67:13 94:5 111:12	plus 67:10 78:7 78:8 95:2	political 125:14	180:22
114:17 123:16	106:20 137:25	poll 115:21,22 116:5,11	potentially 99:21
130:18,24	point 13:8,13 13:16 18:19	polling 125:14 148:17	practice 18:6,6 28:4,12 29:11
134:17 161:9	19:16 23:19	pollster 78:19 97:3 125:11	30:15 32:12
185:13 191:20	37:22 50:14 55:7 57:12	159:11	33:15 37:13
placed 107:8 160:23	73:8 78:15 92:1 103:15	polster 1:9	43:10,13 44:1
placing 161:3	108:20 111:11	pool 68:15,22 162:25	51:16 54:17
plaintiff 9:4,6	117:3 127:9	poorly 25:11	60:17 63:14
plaintiff's 10:23	133:16 142:14	population 79:24 156:25	64:3,16,23
plaintiffs 12:10	149:16 151:3	157:4	66:24 75:17,18
plan 12:6 172:16,24	172:19 173:21 176:21 182:25	populations 35:1	76:6 77:19,25
plant 187:9	185:21 186:10	position 67:7 133:6 174:23	78:21 79:13
play 75:25 80:20,21 81:2	pointing 49:21	184:9	85:12 86:19
84:2 92:10	points 54:15 181:11	positive 120:21 152:6,15,15	87:7 88:19
94:21 115:1	policies 126:1 126:12,16	158:1	89:6 90:8,23
116:3 119:8	129:12,15	positively 17:17 120:3	91:2,21,22,25
131:6 188:14	130:1,22 131:9		92:24 93:8,23
188:14	132:1,14,16,21		93:24 97:25
pleasant 2:5 8:5	133:22 134:22		104:8,11 107:9
			108:1,10,15,19
			108:22 110:25
			112:3,4,16,18
			112:20 121:6
			122:21 123:8,8
			127:25 131:17

132:6,25 138:5 138:12,12,16 144:5,12 145:5 145:9 146:17 147:13 148:1,7 152:11,12 155:10 157:11 161:7 163:19 166:17,22 174:17 181:22 181:24 182:15 182:16 184:3,6 188:8 practiced 18:22 30:18 31:18 32:4,15 63:15 93:10 108:12 115:2 120:9 139:17 142:1 147:15 148:15 152:1 179:23 184:23,24 practices 35:20 140:11 160:25 practicing 18:1 28:1,16 30:10 31:3,4 33:11 33:12,23 87:10 90:10 95:5 112:12 practitioner 31:22 practitioners 19:15 29:8 37:13	preceded 188:7 precisely 47:16 predict 43:5,11 44:14 51:12 55:2 60:19 70:25 predicted 22:13 59:8 predicting 21:12 59:18,23 prediction 50:13 72:25 predictions 21:14 22:18 predictive 22:5 50:23 pregnant 67:10 79:13 106:20 premise 50:2 149:14 157:9 preparation 11:21 29:24 30:7 prepared 30:4 46:5 preparing 11:11,16 99:17 prescribed 85:18 prescriber 86:4 prescribing 18:11 34:25 37:1 prescription 1:6 8:4 14:23	15:5,24 16:3 17:5 75:23 81:23 82:2 83:21 84:14,15 84:16 85:5 86:4,5 87:4,13 87:16,19 88:11 88:12,21 97:21 126:19 128:11 139:6 146:12 193:6 194:3 195:3 prescriptions 75:20 83:18 86:9 87:9 95:8 96:2,9 97:17 98:9,12,20,23 99:1,9,15 126:21 134:6 136:15,20,21 146:10 185:17 185:22 186:2 186:13,23 presence 191:15 present 2:17 36:15 37:4 67:13 87:14 146:11 presented 46:4 52:21 55:25 97:22 100:5 108:17 presenting 25:8	pressure 77:17 103:24 118:14 119:7 127:13 127:16 131:1 131:18 133:9,9 183:5 185:9 pressures 103:8,20 104:4 104:7,17 118:21 119:7 previously 16:13 27:1 179:3 188:21 prior 21:3 82:24 115:10 150:7 167:24 188:2,10 priority 176:25 probably 11:15 20:21 36:16 115:17 173:22 problem 134:13 problems 35:11 36:3 38:18 40:2 99:22 120:5 procedure 190:7 194:5 195:5 proceeding 9:25 process 29:19 30:3,9 36:4 43:1 60:3
--	--	--	---

[process - qualitative]

Page 35

82:22 86:10 92:6 155:9,24 160:16 processed 139:7 157:23 184:10 185:23 186:20 processes 15:4 16:16 20:22 175:9 produce 39:7 produced 164:14 170:12 187:11 product 84:15 84:17 85:15 103:25 production 193:15,17,22 products 83:16 84:20 86:20 profession 18:2 64:2 79:19,19 121:7 128:1 132:6 168:9 179:23 professional 13:23 17:24 81:5 175:22,25 175:25 178:11 188:18 professionals 118:18 174:8 professor 14:9 32:21 118:1	proffered 36:19 program 33:19 projects 21:1 prominence 88:3 promote 172:16 proper 64:11 81:2,5,20 97:22 104:12 177:18 proportion 67:24 68:1,6 68:14,21 69:23 protect 96:3 proud 64:19 prove 58:23 provide 29:9,25 30:7 33:16 36:2 92:4 107:13 119:3,4 122:7 147:19 provided 30:10 62:18 84:23 102:24 108:6 118:4 120:11 165:13 168:21 170:13,14 181:19 providing 92:13 provision 83:9 psychotropic 15:25	public 24:17 39:7 41:12 79:12 80:11 117:3,4,6 191:7 192:14 194:10,18 195:15,23 196:23 publication 14:11 173:23 173:24 publications 27:8,16 published 20:9 20:17 22:21 26:5,11 27:1 57:11 59:3,22 61:19 122:1 178:4,4,5 publishing 59:7 pull 48:3 164:16 purely 125:7 purport 162:7 162:21 purpose 27:17 43:19 44:13 49:19,22 50:21 51:20,22 52:5 52:6 53:10 54:4 70:17 71:6,12,20 72:4,14 73:11 73:22,23 74:16 74:18,19,23	75:7,8,11,14 90:19 92:3,4 99:5,10 100:14 101:4,7 106:12 114:16 120:16 128:18 149:6 157:9 163:8 178:22 purposes 24:12 57:5 59:1 pursuant 190:3 190:6 pursue 30:19 56:9 put 63:13 65:19 67:6 75:25 81:16,19 94:17 104:25 107:14 118:14 126:25 127:15 133:5 161:23 puts 82:3 q qualification 112:11 qualifications 110:15 111:19 112:15 114:1,3 133:3,5,7 qualified 36:9 36:20 113:5 191:8 qualitative 66:22 80:3 102:3,9,20
---	---	---	---

[qualitative - rebuttal]

Page 36

110:2 168:6 quality 8:9,9 49:3 63:9 80:9 quantify 128:23 quantitative 102:2 109:25 168:11 quantities 83:19 quarrier 2:10 question 10:9 10:12 19:3 38:14 49:13 53:5,7,9 62:7 76:10,21 80:20 81:8 92:20 94:12 102:25 109:3 110:14 111:17 126:9 137:7 141:18 142:4,8 149:2 155:20 156:5 156:22 159:3,6 160:3,4,6 161:23 162:12 162:17 171:6 181:16 questioning 181:4 questionnaire 13:7,11 14:4,8 19:5,18 24:21 25:1,16,25 26:7,12 27:11	27:19 59:19 74:10 115:6,16 178:6 179:15 questionnaire's 178:13 questionnaires 25:11 26:16 questions 54:1 70:13,22 71:4 76:1,16 78:13 81:15 97:13 100:9,10,12,17 100:18,21 103:1 111:9,10 111:14 119:14 119:19 121:16 123:7,19 125:24 126:10 143:7,13,25 145:20 153:14 156:16 169:9 170:17 171:1 171:14 173:3 173:11 177:13 178:7,25 179:3 182:1 189:4,7 quick 73:18 137:1 quickly 126:19 quite 137:6 162:13 173:6 182:14 quota 127:21 quotation 169:11	quote 39:25 134:20 143:4 quoted 169:13 r r 33:18 r.ph. 4:6 24:11 raise 62:7 159:2 raised 141:12 ran 101:11 102:12 range 48:10 108:11 120:11 181:14,17,25 rare 62:21 rate 44:5,21 45:4,13,16 46:11,15 47:10 47:18 48:7 49:7 58:8,19 58:23 60:6,24 60:25 61:6,8 62:6 72:18,20 rated 129:17,18 rates 4:7 44:7 44:22 49:2 57:2,21,23 58:2 61:14,22 73:4 rather 59:19 69:23 140:18 170:4 rationale 117:21	reach 10:24 reached 55:17 reaction 15:20 reactions 15:16 16:3 17:16 21:22 read 53:7 63:23 79:20 80:11 81:20 96:6 124:15 137:20 141:18,19 171:6,7 194:5 194:6,12 195:5 195:6,17 reading 150:8 154:2 193:19 real 21:8,11 22:2,11 107:3 108:17 120:21 137:1 169:7 realize 54:14 152:9 really 62:20 105:4 141:24 148:6 155:21 158:6 166:10 168:11 171:21 reason 10:8 132:4 193:14 195:8 196:3 reasonable 145:17 rebut 12:16 rebuttal 12:20 12:22
---	--	--	---

[rebutting - reliability]

Page 37

rebutting 158:10,24 159:5 160:1 recall 26:23 27:21 35:14 39:12,20 42:7 45:11,12 47:1 47:9,17,25 48:4,7 68:2 71:10 101:24 receipt 87:12 193:18 received 15:18 150:20 receiving 97:16 recently 11:1 34:10 46:20 recess 53:8,21 105:13 150:2 164:24 172:12 recognize 104:6,16 recognized 97:3 103:7 104:4 179:3 recognizing 105:2 recommenda... 155:10 157:21 158:19 159:19 180:22 record 8:2,15 53:20,22 105:9 105:10 106:3 141:19 149:24	149:25 150:3 164:15,22,25 171:7 172:10 172:13 189:10 195:9 recorded 8:13 recording 8:9 84:24 red 85:8,11,19 85:20 86:1,9 86:15,16,17,18 86:21,22,23 87:2,14,20 88:3,13,16 reduce 80:23 reduced 191:14 referee 173:19 174:3,7,16 refereed 57:13 174:25 reference 25:6 37:22 101:10 103:18 176:21 193:7 194:2 195:2 referenced 45:5 45:7 57:12 59:17 91:10 176:19 184:4 191:13,18 194:11 195:15 references 12:5 117:22 178:3 referencing 48:19 59:4,14	71:15 72:17 188:21 referring 39:5 39:11 41:7 42:1 48:13,25 83:23 128:4 131:11 139:25 140:6 refilled 84:14 refilling 86:8 reflect 143:7 146:3,5 162:25 188:2 reflected 49:9 reflective 178:23 refuse 87:6,15 88:20 refused 87:8 refute 160:14 regarding 86:19 138:17 190:2,11 regardless 22:20 49:22 69:14 93:23 131:6 139:14 141:25 147:4 185:11 regards 71:20 region 157:12 regulations 16:17 79:8 80:22 81:3 89:9 91:1,4	138:4 139:13 139:16,20 regulatory 84:3 121:20 138:18 160:24 161:5 reimbursed 150:23 reiterate 64:1 reiterating 93:18 relate 158:23 159:4 related 16:3,23 17:15 33:16 38:25 39:14 89:13 101:14 102:12 114:20 relates 1:9 18:8 19:4 82:11 relating 160:1 relationship 150:14 relationships 152:4 relative 87:25 192:2 relatively 101:13 released 145:11 relevance 56:10 relevant 94:19 149:4,8 reliability 58:14 121:17
---	---	--	---

141:15 153:10 179:5,9 180:17 183:13 reliable 137:23 152:20 153:9 153:23 154:7,9 154:11,16,24 155:12,18 175:22 178:18 180:19 reliance 90:18 relied 15:11 174:18 178:24 relief 18:22 relies 176:9 religiously 32:13 rely 16:21 170:19 176:8 177:4 relying 114:21 121:19 171:24 remain 165:23 remains 152:15 remember 24:24 181:3 remote 1:14 2:1 remotely 1:25 9:25 renee 1:24 191:6 192:14 renowned 169:15 repeat 10:10 53:4 76:21	repeated 51:3 repeatedly 38:4 repeating 167:16,23 rephrase 43:16 report 4:6 10:24 11:24 12:2,4,11,18,19 23:20,21 24:3 24:10,16 26:4 38:2,21 42:9 44:3 45:22 46:4,19 55:21 55:24,24 56:4 56:7,11 65:1 65:19 70:7 71:2,10,15,17 72:16 73:9,12 73:14 74:13 77:22 78:12 80:14 89:10 91:10,14 92:8 96:7,8 101:11 101:23 118:3 122:19,25 125:22 130:16 138:2 140:15 152:16 158:9 160:11,17 162:5 165:22 165:24 166:1 167:5,10 168:1 168:21 170:25 171:6,18,18 172:4,18,25	176:19 reported 41:13 184:14 reporter 3:15 9:10 53:7 171:5 194:7 reporter's 3:13 191:1 reporting 15:20,20 123:15 132:5 reports 70:14 70:21 71:3 represent 8:16 49:16,23 51:6 51:18 58:7 representative 79:24 80:2,7 157:4 represented 121:1 representing 8:19 50:19 represents 149:10 request 94:6 158:12 172:2 195:9,11 requested 65:9 190:1,6,10 require 28:5,18 required 16:19 42:15 92:19 93:5 114:2 193:25	requirement 95:3 requirements 75:24 127:1 129:17 requisite 114:9 research 13:18 13:24 19:5,9 19:10,11,21,24 20:7,12,18,19 20:24 21:1,3,6 22:6 24:18,19 24:20,21 25:1 25:16,24 26:7 26:12 28:10 43:2,7 58:3,6 61:21 74:10 89:24 111:6 115:1,7,17 116:25 117:9 117:10 125:12 175:6 176:15 176:23 178:5 researchers 16:12 58:4 59:5 61:17 100:19 116:9 reserve 29:5 34:8,10 resonated 76:12 resonates 79:20 respect 76:18 131:9,25 135:18 185:16
---	--	---	--

[respectfully - results]

Page 39

respectfully 38:8 94:6 157:8 158:12 159:7 161:13 171:3 172:2 respond 22:17 55:1,3 59:24 59:25 62:8,10 62:21 63:5,8 63:19 65:14 66:3,10,17,21 121:4 163:6,10 163:22 180:10 responded 51:11 52:1,9 52:13 53:13 54:11 94:4 99:1 118:22 120:3 125:17 130:18 140:8 149:10 163:1 183:16 respondent 68:15,22 respondents 45:17 64:2 67:25 68:6,24 69:3,17 92:18 104:16 108:11 119:12 123:20 140:7 141:4,13 147:22 149:1 181:2,8 183:16 183:22	responding 44:7 62:2 65:2 69:4 123:20 179:14,19 181:24 response 4:7 44:5,7,20,22 45:4,12,15 46:10,15 47:9 47:17 48:7 49:2,7 57:2,21 57:23 58:2,8 58:13,19,23 60:6,24,25 61:5,7,13,22 62:24 72:18,20 73:4 75:2 79:24 102:4 154:19 155:17 158:20 159:21 181:18,19 responses 53:14 54:24 55:6,6 62:14 62:18,19 63:16 63:23 72:22 76:16 77:6 79:11 82:16,16 92:21 93:4,17 93:18,19 98:15 100:4,5,22 102:21,24 103:10,16 120:11,13 121:22 123:2	123:21,24 124:15 127:10 132:24 135:21 137:18 140:24 141:14 142:2 157:20 163:7 163:12,14,15 168:7 169:6,18 169:19,20 179:21 180:6 180:13,15 181:14,17,25 182:13,25 183:18 responsibilities 83:17,24 112:18 126:3 127:1 145:12 147:5 148:10 185:15 responsibility 83:10,11 84:10 113:2 133:13 133:17 responsible 98:18 responsive 62:6 responsiveness 4:8 57:3 resubmission 175:9 result 12:18 15:21 26:6 157:6 168:11	results 22:12 22:21 26:16 27:15 43:1 46:3 49:4,9 52:20 59:11 64:7,9 69:19 71:8 78:13 79:3,5 89:18 90:17 91:3 92:15 93:13 94:1,2,13,14 96:13 97:13 98:24 101:12 101:20 109:2 110:17 111:15 111:21 116:13 121:17 137:5 137:10,11,14 142:21 143:17 144:14 146:3 146:19 148:24 149:3 150:8 153:4,19 154:4 154:20,24 155:5,8,18 156:24 157:1,3 157:16,17,18 157:18 158:21 159:22 166:13 167:2,25 168:7 169:2 174:9 177:9 179:6 182:21 183:11 183:15 187:25
--	---	--	---

retail 39:1 138:15 150:21 retained 3:15 16:4,14 17:9 retirement 32:20 returned 193:18 reuse 100:20 review 11:20 11:23 12:11,15 12:17,18 93:25 102:10 129:13 132:20 158:18 159:18 165:10 171:21 173:23 174:19 175:1 183:8 184:13 190:2,6 193:12 194:1 195:1 reviewed 11:24 11:25 12:2 13:17 16:25 39:16 63:17 130:13 131:10 165:18 166:16 170:14 173:20 174:7 reviewer 13:22 13:23 16:10 89:20 175:3 reviewing 14:9 15:3 70:14 177:14 184:19	rewarded 126:23,23 rhetorical 156:5 rice 2:2,8,19,20 8:19,21 9:2,4,6 9:9 rid 128:6 right 15:8 20:4 22:19 23:22 28:17 33:13 38:6 46:8,20 51:4 57:8,17 58:15,20,25 59:4 62:4 65:5 65:11,22 69:25 74:24 77:10 81:17 82:2,25 93:7 97:13 101:5 102:16 106:16 114:13 119:21,25 120:14 122:8 126:4 131:12 132:1 139:22 141:6 143:13 143:25 144:15 146:23 161:12 162:2 174:15 183:23 risk 80:24 risks 177:22 rite 18:20 31:5 129:5 134:12	robert 18:20 rock 34:19,23 35:17 role 14:16 15:2 80:20,22 81:2 89:7 174:6,10 room 10:1,2 116:4 roughly 25:13 174:1 rows 95:9 rpr 1:24 rule 118:16 185:7 rules 10:8 190:3,7 194:5 195:5 ruling 40:11 rulings 39:25 40:4 41:5 run 101:15,19 s s 33:18 193:15 195:8,8 196:3 safe 75:19 80:5 82:21 91:25 92:4,13 93:10 98:7 107:9 112:4 113:3 131:17 133:14 135:7 138:19 147:20 182:7 185:6 186:15 186:16 187:6 187:17,18	safely 76:8 103:10 104:1 104:18 163:19 safety 18:14 44:1 51:2 65:5 65:11 66:12 75:15 76:5,12 77:7,17 81:4 81:11,13 96:1 96:8 103:19 110:21 111:5 111:24 119:14 120:8 124:12 134:18 145:16 145:19,20 149:15 157:15 163:17 185:10 salaried 79:16 salary 133:25 135:9 saltzburg 2:4 9:5,6 sam 9:12 11:19 samantha 2:19 sample 60:2 121:2 sampling 60:3 sater 2:13 satisfaction 23:8 62:15 107:4 127:23 satisfied 120:6 141:10 181:15 181:20,21
---	--	--	--

saw 45:23 55:16 56:7 64:14 165:11 182:15 saying 54:2,22 68:14 76:14 77:12,13,16 78:16 81:7,14 92:15 94:16 96:12 98:14 104:3 109:11 113:10,11 114:8 133:5 137:17 140:20 141:22 142:6 143:22 145:15 145:25 146:2 154:18 159:17 162:11 163:23 says 44:6 70:7 78:12 103:7 162:6,19 scale 52:21 53:13 55:5 62:14 92:22 93:20 94:2,14 102:22 137:17 140:8,25 141:13 157:19 168:13,16,16 168:23 169:10 169:18 177:21 180:11 181:10 183:17	schedule 17:3 84:15 school 19:7 31:13 150:19 152:10 schools 38:1 58:7 59:5 64:10 science 19:10 scientific 121:9 121:11 scope 89:3 scotland 175:16,18 screen 8:12 se 12:22 116:19 116:20 seal 192:6 194:15 195:21 search 73:20 101:11,15,19 second 14:25 16:6 26:3 31:9 42:12 71:16 86:2 95:9 103:6 126:7,20 160:18 170:13 secondly 18:8 145:8 section 137:4 sections 49:17 49:24 see 12:24 21:13 32:24 37:10 39:2 40:15	41:24 44:21,23 56:13,21 57:24 60:4,20 64:1 67:18 70:9 73:10,19 78:5 78:23 79:11,12 80:6,17 90:9 96:4,22 99:13 102:5,9 112:21 113:12,20 126:14 130:2,3 130:6,7 138:7 138:25 140:3 140:19,21 152:22 155:7 seek 22:22 seeking 125:21 seem 154:18 seemed 180:25 seems 70:3 selzer 12:12 69:24 70:12,25 71:3 72:14 78:11 90:4 110:12 114:6 122:4 146:18 148:14 156:14 158:10,15 159:10 160:15 162:5,9,19 178:13 selzer's 12:2,2 12:20 67:24 71:17 78:17 96:6 101:11	143:5,16 send 179:25 senior 33:17 sense 43:12,24 54:4,10 74:23 107:14 134:17 sent 11:1 23:15 164:1 165:7 sentence 24:16 41:3 42:12,18 44:5 48:13,20 57:21 71:1 74:14,21 80:14 81:16,19 82:4 95:22 103:6,11 104:15,16 129:14 138:3 139:1 140:4 152:18 160:8 160:19 separate 78:2 144:18 145:2 146:7,15 separation 141:25 series 95:9 117:23 122:18 154:16 156:15 177:20 serve 15:22,23 173:19 served 13:1 34:14 174:2 service 16:12 115:19
---	---	---	--

services 29:9 151:5 serving 174:16 session 3:11 106:2,11 set 29:21 192:6 setting 18:4,5 19:12 29:10 32:11 34:4,7 37:14 54:18,19 54:19 69:3 77:8,19 79:13 108:13,15 112:23 138:13 138:14,15 139:11,13 182:8 184:15 186:3 187:3 settings 41:19 44:2 186:1,3 187:4 settled 40:8 settlement 40:15,17,19,19 40:20 55:9,12 55:16,19 seven 1:11 69:17,22 70:1 70:3 177:25 several 17:22 20:2 35:23 37:5 85:13 99:21 117:1 167:20 175:4	severity 67:15 seymour 2:13 shadow 112:21 113:7,11 shape 50:21 72:24 167:9 sheet 193:13 195:7,10,18 196:1 shift 185:17 186:14 shifts 95:2,15 shock 184:21 short 123:11 shortages 94:5 show 39:8 111:8 168:12 showed 92:22 shown 112:8 169:12 193:16 siebert 151:4,7 151:21 sight 115:16 signature 190:5 192:13 193:14 signed 194:13 195:18 significance 102:11,14 146:25 147:10 166:1,9 significant 101:25 110:4 118:19 142:23 147:11 154:7	166:11 signing 193:19 signs 179:8 similar 44:22 45:6,14,16 48:16,21 61:11 61:24 138:22 139:3 142:21 153:13 158:3 163:7,11,11,13 166:13 169:20 180:6,12,13 182:13 183:16 187:12 similarity 180:14 simply 26:13 43:6 51:13 55:13 56:7 66:7,10,16 74:6 86:11 87:1 98:20 113:11 114:4 134:11 157:13 186:19 sincere 65:3 sincerely 193:21 single 95:4 sir 193:10 sit 172:23 site 54:17 92:24 108:1 145:5 166:17,22 181:22 184:4	186:12,12 187:17 sites 108:23 166:19 181:25 182:9 184:16 sitting 108:4 situation 41:1 51:14 88:1,9 107:21 situations 108:16 six 30:3 173:22 smart 185:12 smoking 14:24 sociology 118:1 118:5 solutions 193:1 196:1 somebody 54:17 55:2 67:7 74:5,9 79:6 87:25 88:4 89:19 95:16 110:15 111:19 112:13 123:10 127:20 128:6,9 132:5 133:4,6 134:5 135:9 136:13 136:14 147:13 147:16 148:4,5 176:21 177:14 186:24 somebody's 148:8 168:24
--	--	---	---

[soon - stated]

Page 43

soon 173:7 sorry 19:25 28:15 37:19 38:13 46:24 47:20 68:25 70:2,19,24 77:20 126:6 137:6 138:25 160:3 162:13 170:22 172:15 sort 161:22 sought 29:23 81:9 124:7 185:19 sound 153:23 sources 25:10 25:10 sourcing 172:5 south 2:5 8:5 14:19,20 15:13 southern 28:10 29:6 34:8 speak 34:25 63:22 92:16 128:7 151:10 151:22 175:12 specific 27:21 28:6 29:14 39:11 41:16 42:4 59:18 61:3 73:14 75:12 76:10 77:14 78:14 81:12,15 84:22 89:21 90:10	95:7 100:8,12 102:19 103:15 104:17 106:25 115:16 116:19 128:19 130:14 143:8 144:14 145:24,24 146:1,4 156:8 157:12 158:14 161:3 169:22 171:9,14,14 184:9 187:15 specifically 25:15 39:20 40:6 41:6,17 48:18 51:8 76:2 99:12 100:10 104:4 105:2 114:11 119:20,24 134:16 143:19 147:24 161:5 168:22 169:17 171:2 175:19 187:20,22 specificity 45:15 specifics 112:10 specified 191:21 spend 11:11 32:21 78:23 112:24 123:17	spending 33:3 33:8 spent 11:6,9 spoke 93:13 spot 47:12 spreadsheet 11:10 ss 191:3 staff 23:2 103:23 133:1,1 133:2 134:8 135:13 136:15 staffing 103:21 135:11,12 136:23 137:19 stage 188:23,23 standard 176:21 standardization 140:1 standards 4:8 35:20 57:4 138:5,12 178:9 188:18 standpoint 14:5,6 66:22 75:4 80:3,9 102:3,10 104:11 109:25 110:2 140:8 155:7,13,14 161:19 start 76:23 106:10 118:12 157:23	started 23:14 32:8 155:9 starting 24:15 starts 42:10 80:16 103:4 126:9 138:3 state 8:14 24:17 28:4,6 28:23,24,24 29:1,1 30:16 30:17,22 39:6 39:17 40:6 43:3,10,13 44:17,23 49:10 51:2 55:17 59:16 60:8,14 65:2 67:3 72:9 74:7,14 83:24 85:2 86:18 88:18 93:23 95:25 98:5,25 99:12 114:3 118:3 125:23 127:3,3,3 138:4 139:15 139:17 148:2 152:1 157:12 160:22 166:7 166:16 169:14 169:25 176:11 179:18 191:2,7 192:15 194:10 195:15 stated 43:9 49:6 55:4,5
---	--	---	---

[stated - subsidized]

Page 44

56:13 67:4 72:1 74:19 90:18 104:9 112:11 160:15 statement 26:9 49:5 50:3 52:3 52:14,16 53:2 61:16 65:17 71:25 99:4 109:20 143:21 163:21 194:13 194:14 195:19 195:19 states 1:1 25:20 37:6,24 39:14 39:18 41:10 42:12 59:6 69:1 153:11,17 162:24 175:7 stating 104:15 statistical 50:14,24 61:3 68:19 69:7 statistically 61:1 statistics 61:3 status 48:22 statute 84:2 stenotypy 191:14 steps 158:20 159:20 sterile 30:10 stipulated 83:13 84:22	stipulation 83:25 84:1 stomer 61:18 store 39:1 109:4 110:3 182:8 184:5,15 186:3 strain 78:9 95:19 strains 64:4 82:14 strathclyde 175:17 street 2:10,14 stress 77:17 78:9,9 95:19 131:19 stressed 82:17 stresses 64:4 76:7 82:14 177:12 stressful 115:3 stressors 103:20 strike 142:7 striking 152:20 153:23 strongly 168:17 168:18 181:12 181:13 structure 169:20 student 176:22 students 33:21 37:5 59:24	studied 74:9 studies 22:5,6 30:20 45:1,4,5 51:9 59:12,17 59:22 60:7 61:5,7 73:5 111:7 112:8,9 115:12,15,18 115:19 116:6 117:4 118:7 121:25 142:18 153:11 154:17 157:22 166:20 169:5 175:1 176:7 178:23 180:3 182:5 183:19 187:12 187:14 study 27:1 42:15 43:2 44:18,21 46:2 46:7 49:20 50:9 51:21,23 52:6,6 53:10 58:14 59:2,16 60:9,11,23 61:2,13,18,23 67:9 68:24 70:18 72:19 73:1,4,11,19,22 73:23 74:1,4 74:23 100:15 100:16 101:2 108:23 111:11 117:13 118:4	121:1 142:18 142:20 148:12 148:12 149:7 149:14 150:25 151:8 155:11 155:12 157:10 158:3 160:15 160:15 163:8 163:16 166:12 166:14,20 167:18,19,19 168:19,20 175:21 176:2 177:7,8,9 179:2,4 180:1 183:7,20 188:6 stuff 145:1 subject 89:17 114:9,12,12,15 116:14 submissions 14:12 submitted 12:12,23 14:10 16:11 170:7 subscribed 194:10 195:14 196:21 subsequent 154:23 188:10 subsidiary 151:15 subsidized 151:2
--	--	--	---

substance 83:22 87:3 95:24 103:9 123:15 125:25	supervisor 92:7 140:15,17	142:5 144:19 150:25 155:25	71:6,6,12,21 72:7,12,15,25
substances 83:13 101:17 104:2,5,13,18 104:23 105:1 143:12 160:25 161:6,20 171:16	supplement 164:1 165:6	159:2 163:20 164:17 172:9 181:1 184:2	73:25 74:10 75:4 76:1 79:5 83:3 89:16,17 89:18,20,22
substantial 152:21 153:1,6 153:20 154:1	supplemented 46:19	surprise 184:20	90:13,15 91:3 92:16 93:12,17 94:1,13 96:13 97:10,16 98:11 98:25 99:8 100:6,21
sufficient 58:23 92:18	supplements 115:6	surprising 64:7 64:9,14,14	101:12 103:5,6 103:11 106:12 109:2 110:20 111:2 114:7,12 114:16,19 115:6,17 116:13,25 117:16,19 118:6,23 119:12,25 120:17,17,21 121:12,14,21 121:22 122:11 124:4,5,7,22 125:2,7,8,12,21 128:19 130:19 135:17 137:5,9 137:10,11,12 137:22 141:15 143:7,17 146:3 146:19 147:2,7 147:22 148:24 149:3,10
suggest 95:25 143:10	support 55:19 56:15 134:9 136:23 167:5 167:12 171:24	survey 12:13 13:7,11,18,24 13:24 14:4,7 19:4,18,21,24 20:7,7,11,18,18 20:22,24 21:7 21:15 22:3,12 23:1 24:20 25:1,16,24 26:7,13,20 27:2,2,10,13,19 42:21,23 43:22 44:8,13 45:10 45:13,18,24 46:15,18 47:2 47:10,16,18,23 48:1,5,9 49:1 50:10,10,11,11 51:12 52:1,12 54:4,9 55:1 57:21,23 58:6 58:14,18,25 59:10,10,15 61:12 62:3 63:5,20 65:14 65:25 66:10 69:19 70:17	
suggesting 96:7	supported 56:14		
suggestion 180:25	supports 56:3		
suggests 121:20	supposed 42:22 92:13 97:1,8 98:7 113:23 125:3 127:13 128:11 130:8 130:10 134:19 136:8 137:13 137:14 139:5 144:25 147:18 147:19 156:21		
suite 2:14 193:2	sure 12:21 21:19 23:20 25:8 30:9 39:23 42:3 45:23 46:7 51:4 54:2 67:18 83:18 91:15 105:6 113:2 127:5 133:14,24		
summary 24:22			
summer 32:9 32:16			
summers 33:2			
super 23:25			
superior 193:1			
supermarket 151:24			
supervised 64:13			

[survey - talking]

Page 46

152:19 153:1,3 153:8,12,22 154:1,4,11,14 154:20,20,24 155:8,17,18,23 156:10,24 157:1,3 158:21 159:13,21 160:22 161:3 162:7,21 164:1 164:3,6 165:3 165:22,25 166:5 167:3,24 168:2,15 169:1 169:16 171:9 174:8,9 175:12 176:1,15 178:5 178:25 179:11 180:15,17 181:2,8 182:21 183:7,11,23 185:19 187:25 survey's 49:4 surveyed 122:17 surveying 19:14,14 surveyor 154:24 surveyor's 152:25 154:13 surveys 4:8 12:1 13:17 19:13 20:13,25 22:10 23:5	25:12 26:17 38:3,5,12,16 42:11,13 43:16 43:19 44:23,24 45:8 48:12,16 48:21 49:8,16 49:23 50:5,22 51:5 52:9 57:3 60:8 62:20 65:3 72:5 74:9 74:15,19 75:2 81:9 82:11,12 89:11 90:19 93:17 99:6 101:5,8,20 103:13 108:12 110:14,16 111:20 113:6 114:20,23 115:10 121:10 122:18 137:4 150:8 153:16 153:24 154:6,8 155:2 156:17 159:12 166:15 167:4,25 169:2 173:14,15 174:20 175:8 175:13,22 177:3 178:9,18 179:10,11,16 179:24 183:9 187:4 188:1,9 188:11,16,19 188:22	sworn 9:16 191:10 194:10 194:13 195:14 195:18 196:21 syllables 177:16 synergistic 78:7 85:22 system 15:21 20:4 22:9 28:20 85:4,6 117:7 123:15 146:13 t tab 23:24 24:3 56:19 table 78:1 91:9 91:14,16 92:17 93:5,14 94:17 144:2,9 166:22 186:21 tables 77:22 tablets 84:18 tabs 24:1 tabulated 93:20 tackett 14:14 14:18 tackett's 14:22 take 10:16 22:2 32:2 53:16,17 54:13 64:6 65:10,16,25 67:11 79:15 93:3 95:2,11	95:13 96:13 97:7 98:1,4,16 98:24 103:1 123:9 124:19 128:10 129:9 131:20,22 133:6 134:3 135:2,6 143:16 144:19 148:24 149:22,23 156:1 161:13 171:23 172:7 taken 85:24 105:13 123:11 124:5 129:24 155:16 191:20 takes 107:17 talk 20:10 44:4 73:21 95:23 100:10 131:16 139:19,25 141:1 151:12 151:19 155:21 161:14,18 166:17 talked 26:3 55:8 65:8 74:17 89:9 95:12 107:6 115:15 129:3 135:12 137:18 173:13 talking 23:23 40:5,24 43:3 60:7 62:22
--	---	---	---

63:3 85:17	128:19,23	173:3,4 175:10	66:19 70:16
88:9 103:5,10	151:17 181:7	175:20 189:3,7	73:17 78:12
103:16 104:21	telling 79:13	189:8	79:4 81:1,20
104:22 107:2	127:21	the 14:24 16:4	91:6 96:17,24
107:21 112:15	ten 53:18 57:18	17:2	106:12 111:25
126:17,18	67:17 78:9	therapy 107:12	112:2 118:13
128:13,15	128:10 129:1	107:16	118:16,24
134:23 139:20	130:25 135:23	thesis 14:12	119:17 120:1
141:3 143:18	166:6 170:5	thing 19:2	120:20 121:18
144:12 148:1,7	172:8 177:15	49:20 64:19	121:24 123:22
153:7,21,24	tenths 126:20	95:4 112:22	132:16 140:6
156:7 166:22	term 18:6	117:3 145:2	141:11 142:3
168:8 186:23	31:18 52:18	173:17	145:12 147:11
talks 146:18	73:20 74:5	things 16:17	153:8 158:25
148:23 177:20	85:7 138:14	17:5,23 18:12	159:15 160:7
targeted 161:5	184:6 185:1	21:25 28:7	160:10 163:4
task 146:2	termed 19:9	39:9 41:13	166:4 167:16
tasks 92:19	terms 71:12	50:17 64:18	167:17 179:13
93:13 144:13	101:12,14,15	67:3,14 77:20	180:5 181:16
taught 24:18	101:19 102:11	78:11 81:5	183:6 185:3,7
25:15,24 64:10	102:14 149:2	85:13 94:16	thinking
teaching 25:21	testified 12:24	98:21 99:14,21	119:12,24
technician	testify 12:7	102:21 107:19	thirty 193:18
133:13	172:17 191:11	112:9 117:11	thompson
technicians	testimony	128:3 130:7	18:21
133:11 186:11	36:23 71:20	132:8,9 133:6	thorough 96:25
techniques	131:22 191:13	138:19 144:10	thoroughly
118:5	191:17 194:6,7	147:15 159:17	27:13 88:9
tell 12:9 14:15	195:6,9,12	161:18 168:10	170:3
27:24 35:5	textbook 25:10	178:2	thought 123:3
46:13 47:12,15	texts 177:5	think 10:4 14:5	123:25 132:13
48:11 54:24	thank 9:24	14:15 16:21	thoughts 51:18
63:3,7 97:15	10:11,19 53:9	45:24 47:5	thousand 67:2
98:10 99:7	63:24 66:23	52:19 54:13	thousands
101:21 126:5	106:9 126:11	55:7 56:19	13:19 25:5

[three - two]

Page 48

three 23:16 30:6,7 31:19 45:7 94:20 166:19 168:13 168:16,23 169:9,18 177:24 time 11:2,11 13:8 18:19,25 19:16 25:23 30:24 32:2,21 33:3,8 34:11 36:1 49:18,25 57:12,17 73:16 78:23 84:16 89:6 92:18 94:22 95:8 97:8 98:3,16 98:21 107:14 109:17 112:24 113:22 123:11 126:22 127:6 128:8 129:21 130:18 131:6 133:16 134:6 136:21 145:4 151:4,21 165:17 170:24 173:21 184:8 184:11 185:24 186:25 189:5,7 191:20 times 13:19 21:17 23:3 51:3 54:3	57:14 79:22 84:13 102:7 106:13,19 115:22 173:22 174:13,14 tip 27:25 36:14 tobacco 21:23 21:24 today 8:5 56:17 108:4 170:6 172:23 173:5 today's 8:2 together 151:12,18 told 41:4 72:13 123:22 139:9 toll 95:19 tone 169:20 tongue 27:25 36:14 took 119:25 155:8 157:1,16 158:20 159:21 176:24 top 42:7 44:6 138:2 topic 21:4 topics 61:21 117:1 total 11:8 26:8 26:23 94:11 109:6 118:25 174:4 176:12 188:22	totality 72:22 93:16 totally 91:6 159:14 tower 2:15 track 1:11 193:6 194:3 195:3 trade 38:24 training 19:17 103:23 transcribed 191:16 194:7 transcript 3:1 190:3,6,9,11 193:11,12 194:5,12 195:5 195:11,17 transcription 191:17 traveled 146:14 traveling 86:3 87:22 travels 86:7 treated 64:2 treatises 117:24 tremendous 185:14 trial 12:7 170:19 171:25 tricky 82:7 tried 32:8 157:20	true 46:22 191:16 truth 191:11,11 191:12 truthful 121:22 132:13 try 10:16 42:20 43:7,24 44:14 110:22 112:24 170:4 171:3 trying 22:21,22 41:1 42:24 43:4,5,11 44:15 51:12,13 60:19,20 67:6 72:23 75:3 81:15 82:3,7 82:10 87:12 97:2 109:23 113:25 118:10 132:7,8 133:4 135:2 155:9 156:6 170:8 183:1 tucson 29:19 29:21,21 30:2 30:13,14 turkey 175:18 turn 38:20 74:12 80:13 103:3 138:1 turning 38:2 two 11:18 12:24 14:13,21 15:23 16:13
---	--	---	--

[two - using]

Page 49

26:2 44:18 68:7 69:18 78:8 84:3 85:21 94:20 103:1 116:21 128:12,25 130:25 136:12 142:17 158:2 166:15 180:3 type 22:5,24 28:21 29:10 50:8,12,13 61:21 63:13 72:25 88:20 89:24 115:18 115:19 116:5 122:2,14,16 148:12 187:11 types 17:4 21:25 41:13 42:11 50:17 54:20 59:12,18 68:6 83:15,16 86:6 100:18 112:9 114:23 116:18 117:10 119:5 123:8 174:20 176:14 182:9 187:4,12 typically 137:5 137:10	unbelievable 95:16 128:5 unbelievably 127:15 under 57:20 58:11 63:15 76:7 99:25 103:20,21 understand 10:9,14 12:19 12:21 14:1 38:13 42:16 43:19 51:23 54:2 65:4 68:13 79:22 90:7 104:14 106:21 113:25 128:17 131:8 136:10 160:3,4 160:5,6 162:13 163:21 understandable 177:13,17 understanding 43:7 96:20,21 96:25 112:2,12 114:4,9 115:8 118:9 120:8 124:22 understood 24:6 105:7 142:6 unethical 127:15	unimportant 60:24 unintentional 81:25 united 1:1 25:20 37:6,24 41:10 59:6 175:7,18 universities 25:20 37:5 university 15:17 18:24 19:7 30:20 33:18,21 61:19 115:20 116:9 118:2 150:18 152:10 169:15 175:17 176:11 176:23 unpaid 95:3 unqualified 110:12 114:7 116:13 unquote 39:25 134:20 unreliable 156:10 unsafe 99:14 132:25 137:18 140:16 unsafely 76:9 unsubstantiat... 143:6,10 unterreiner 2:20 9:13	upset 79:22 128:17 upsetting 106:21 upstate 14:20 use 14:23,24 15:5 16:24 17:7,7 21:23 21:23 28:11 37:3 43:1 50:18 52:18 74:6,17,20,25 75:7,7 88:14 89:4 100:9,9 167:9 168:15 168:16,23 175:21 176:2 176:16 177:18 178:19 179:2 used 25:9,10,10 27:15 37:13 71:8 90:17 115:22 116:24 117:7,22 118:7 137:14 155:5 168:20 176:4,6 176:17 177:5 177:10 178:8 180:21 useful 146:20 uses 71:11 using 86:12 114:19,22 116:2
u			
u.s. 20:3 unable 94:4			

utilize 37:24 utilized 12:5 25:6 116:8 utilizing 41:23 115:19	validates 167:17,25 169:4 182:25 validity 13:6 49:3 50:14 58:14,24 121:2 121:16 122:3 137:16 141:15 153:10,19 158:4 163:16 168:3 177:18 179:5 183:19 value 52:22,23 54:14 56:8 80:9 vanzant 15:1 variability 181:22 varied 186:11 various 17:4 55:15 176:14 vast 186:4 verbal 52:24 53:14 55:6 62:17 79:10 82:16 93:4,18 100:5 107:2 131:15 137:21 140:23 141:14 157:20 169:6 169:19 180:13 182:24 verbalized 63:8 verbally 66:17	verbatim 71:25 verify 95:8 veritext 8:8 193:1,7 196:1 veritext.com. 193:17 versus 15:1 55:18 61:23 75:23 140:10 148:3,4 166:12 182:8 184:16 184:24,25 186:3 videographer 2:18 8:1 53:19 53:22 105:10 106:3 149:25 150:3 164:22 164:25 172:10 172:13 189:9 videotaped 1:14 vietnam 175:16 view 13:13,16 38:9 50:14 74:7 76:5 117:3 147:21 149:16 152:6 152:13 153:2,7 155:6 169:4 185:21 viewed 8:12 65:3 66:15 114:25 154:3 180:19	viewer 40:25 viewing 121:3 views 17:2 virginia 2:10 40:8 44:23 45:8,9,18,23 55:9,12,17 virtually 8:8 153:15 visiting 87:25 visits 129:19 vitae 24:4 vital 72:8 vitally 91:24 voice 66:1 voluntary 62:3 volunteer 28:9 28:21 29:4 volunteered 30:1 volunteers 29:23 vory 2:13 vorys 8:24 vorys.com 2:16
v			w
v 83:14 va 28:20 vaccination 29:19,22 30:3 99:20 vaccinations 30:1,5,8,8 99:17,19 113:21 119:2,3 119:5 129:22 vaccine 29:24 29:24 vaccines 30:24 34:2,3 107:10 vague 132:22 valid 60:4 61:25 74:16 75:4 121:21 137:22 153:8 154:11,16 155:11,24 156:1,15 180:19,24 181:19 182:1 validate 169:2 180:20 validated 154:20			waived 193:19 walgreens 129:5 134:12 182:12 walk 80:4 173:11 want 14:13 23:20 51:4 53:25 55:9

[want - working]

Page 51

73:13 100:21 111:17 135:6 144:17 148:13 149:1 154:1 158:16 163:20 164:15,18 172:22 173:11 wanted 32:10 50:20 65:16 105:6 111:13 142:5 150:24 172:6 wants 170:18 warned 41:22 washington 118:2 169:14 176:10 water 130:4 way 40:13 50:21 62:9 72:24 147:2 156:10 167:9 168:5 181:7 182:23 183:12 186:5,18 we've 106:12 148:22 week 30:6 79:17 93:1 134:2 weekends 18:23 weeks 67:10 weigh 41:1 50:18	weight 104:24 152:21 153:1,6 153:20 154:2 weighted 50:5 50:11 60:2 welcome 106:8 welcomed 152:8 went 26:14 159:9 186:20 west 2:10 40:7 44:23 45:8,9 45:18,23 55:9 55:12,17 western 31:13 whatsoever 130:24 134:17 147:17 156:18 whereof 192:5 whoa 159:1,1 170:11,11,11 wholesaler 84:21 wholly 151:2 wide 108:11 120:10 135:19 181:25 widely 176:4 184:22 williams 2:3 witness 8:4,12 13:1,5,12,20 15:7 16:5 17:9 24:2 34:15 35:19 36:18,20	53:15 142:9,9 149:21 173:4 190:2 191:9,14 191:15,18 192:5 193:8,11 194:1,4,11 195:1,4,15 witness' 193:14 wohl 2:9 3:8 8:18,18 9:19 23:13,25 24:6 46:24 53:6,17 53:24 55:13,23 102:1 105:8 106:7 107:1 109:24 126:7 130:3 132:23 141:17 149:23 150:5 155:1 164:17,20 165:1 170:22 171:5 172:7,14 173:2 189:6 woman 79:12 106:20 women 67:8 147:1 148:4 word 73:18 145:24 words 71:11 177:15 work 14:10 16:2 17:20 18:12 23:8,11 28:20,21 30:23	32:10 34:7,12 35:19 48:22 51:10 65:22 66:2 75:22 78:3 79:17 93:1,21 95:15 99:13 106:14 107:4 120:4,7 133:19 134:2 135:10 136:13 137:19 138:22 139:3,9,19 140:1,13 141:24 144:24 152:8 153:17 174:7 176:7 182:3,7 183:2 183:4 185:4,6 185:8,9 186:16 187:6,8 worked 10:21 19:20 30:5 67:13 93:2 107:24 150:11 151:1 182:8 184:8,14,14 working 38:5 38:25 43:8 44:16 45:2,3 51:23,25 54:5 60:22 65:10 67:20 72:8 74:24 75:11 95:3 106:20,22 108:5 119:14
--	--	--	--

[working - zero]

Page 52

120:13 122:12	173:25	x
128:20 140:16	worldwide	x 87:11,12
153:13 182:22	169:15	110:1
185:6 188:3	worry 91:20	y
workload	145:5	y 110:1
42:14 43:4	worse 66:14	yeah 23:25
45:2,20 47:3	worth 125:2,4	70:2 126:7
47:23 58:18	wreck 14:18,20	164:20
66:11 76:15,24	write 38:22	year 10:25 18:2
77:3,7 82:13	65:20	32:4,22 47:1
103:8,24 104:6	writing 10:24	47:25 131:5,5
104:16 106:14	41:14 66:17	173:23
158:19 159:19	164:4 167:10	years 13:3,18
187:1	written 62:18	15:14 19:16
workloads 65:4	62:19 65:7	26:2 30:22
workplace	73:3,9 93:14	31:17 32:16
43:14,25 51:1	93:19 94:1	38:23 44:18
52:7,10 53:12	102:23 117:24	54:16 57:18
54:9,25 60:15	131:15 135:1	68:7 69:18
76:11 81:11,12	135:15 137:15	117:8,23 128:9
91:8 96:23	157:20 169:6	130:25,25,25
103:19 110:21	169:19 172:18	147:14 158:2
122:15 149:15	182:24 183:17	166:6 167:20
149:17,19	wrong 35:25	188:10
157:14 163:17	36:1,1 127:20	yesterday
187:5,18	127:20 130:4	165:11,18
188:13	134:4 158:15	yielded 49:9
works 95:16	159:14	younger 147:8
178:4	wrote 12:18	z
worksheet	41:3 56:15	zero 78:20
130:8 131:11	93:7 158:10	
workweek	164:3 176:11	
134:1 136:13		
world 21:8,11		
22:2,11 148:17		

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

Veritext Legal Solutions complies with all federal and State regulations with respect to the provision of court reporting services, and maintains its neutrality and independence regardless of relationship or the financial outcome of any litigation. Veritext requires adherence to the foregoing professional and ethical standards from all of its subcontractors in their independent contractor agreements.

Inquiries about Veritext Legal Solutions' confidentiality and security policies and practices should be directed to Veritext's Client Services Associates indicated on the cover of this document or at www.veritext.com.